

ATTACHMENT D

45 Minute Drive Time

Information

Utilization of Facilities within 45 Minutes							
Facility Name	Address	City	Beds	Distance	Time	Adjusted Time	Utilization
Crystal Pines Rehab & HCC	335 North Illinois Avenue	Crystal Lake	114	1	2	2	89.8%
Fountains at Crystal Lake	1000 East Brighton Lane	Crystal Lake	97	2	3	3	77.1%
Fair Oaks Health Care Center	471 West Terra Cotta Avenue	Crystal Lake	46	2.19	4	5	90.5%
Sheltering Oak	27888 North Beech Street	Island Lake	70	6.72	11	13	91.5%
Alden Terrace of McHenry Rehab	803 Royal Drive	McHenry	316	7.49	12	14	58.9%
Wauconda Healthcare & Rehab	176 Thomas Court	Wauconda	135	9.24	15	17	89.0%
Woodstock Residence	309 McHenry Avenue	Woodstock	115	10.42	18	21	67.6%
Hearthstone Manor	920 North Seminary Avenue	Woodstock	75	10.61	18	21	76.6%
Prairieview at the Garlands	6000 Garlands Lane	Barrington	20	12.05	21	24	59.9%
Valley Hi Nursing Home	2406 Hartland Road	Woodstock	128	15.76	22	25	96.3%
Lexington of Lake Zurich	900 South Rand Road	Lake Zurich	203	13.85	23	26	93.5%
Rosewood Care Center Elgin	2355 Royal Boulevard	Elgin	139	16.68	23	26	78.8%
Alden Estates of Barrington	1420 South Barrington Road	Barrington	150	13.32	24	28	77.4%
Apostolic Christian Resthaven	2750 West Highland Avenue	Elgin	50	17.07	24	28	93.3%
Florence Nursing Home	546 East Grant Highway	Marengo	52	17.22	25	29	90.6%
Asta Care Center Elgin	134 North McLean Boulevard	Elgin	102	18.16	27	31	85.6%
Sherman West Court	1950 Larkin Avenue	Elgin	112	18.64	27	31	73.6%
Manorcare of Elgin	180 South State Street	Elgin	88	16.17	28	32	81.4%
Maplewood Care	50 North Jane Drive	Elgin	203	18.56	28	32	92.3%
Alden Poplar Creek Rehab & Care	1545 Barrington Road	Hoffman Estates	217	18.76	28	32	87.0%
Rosewood Care Center Inverness	1800 Colonial Parkway	Inverness	142	19.63	30	35	65.8%
Heritage Manor - Elgin	355 Raymond Street	Elgin	94	16.95	31	36	79.8%
Tower Hill Healthcare Center	759 Kane Street	South Elgin	206	21.86	32	37	91.4%
South Elgin Rehab & Health Care Center	746 Spring Street	South Elgin	90	22.13	32	37	62.7%
Arlington Rehab & Living Center	1666 Checker Road	Long Grove	190	20.04	33	38	88.8%
Lexington of Streamwood	815 East Irving Park Road	Streamwood	214	22.34	34	39	85.9%
Mercy Harvard Hospital Care Center	901 Grant Street	Harvard	45	23.33	34	39	58.1%
Libertyville Manor Extended Care	610 Peterson Road (Hwy #137)	Libertyville	174	20.38	35	40	34.0%
Claremont Rehab & Living Center	150 North Weiland Road	Buffalo Grove	200	21.09	35	40	80.5%
Assisi Healthcare Center at Clare Oaks	829 Carillon Drive	Bartlett	120	22.51	35	40	68.4%
Friendship Village Schaumburg	350 West Schaumburg Road	Schaumburg	250	23.11	36	41	96.0%
Winchester House Nursing Home	1125 North Milwaukee Avenue	Libertyville	360	21.41	37	43	50.0%
Church Creek Station Skilled Care	2000 West Lake Street	Hanover Park	150	23.35	37	43	0.1%
Lexington of Schaumburg	675 South Roselle Road	Schaumburg	214	23.56	37	43	90.6%
The Wealshire	150 Jamestown Lane	Lincolnshire	144	22.04	38	44	85.1%
Manor Care of Libertyville	1500 South Milwaukee Avenue	Libertyville	150	22.09	39	45	69.7%
Sedgebrook Health Center	960 Aububon Way	Lincolnshire	44	22.51	39	45	55.7%
The Village at Victory Lakes	1055 East Grand Avenue	Lindenhurst	120	22.76	39	45	88.8%

## ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD

BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

Health Service Area 007 Planning Service Area 701

## Administrator

GREGORY K. NIENABER

## Contact Person and Telephone

CHRIS REINHOFER

773-286-3883

## Registered Agent Information

Ken Fisch

4200 West Peterson Ave--Suite 140

Chicago, IL 60646

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date  
Completed  
2/28/2011No  
No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	89
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	150	150	128	150	112	38	134	94	Total Admissions 2010	116
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	829
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	833
Sheltered Care	0	0	0	0	0	0			Identified Offenders	112
TOTAL BEDS	150	150	128	150	112	38	134	94		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17020	34.8%	18731	54.6%	922	2236	3441	0	42350	77.4%	77.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17020	34.8%	18731	54.6%	922	2236	3441	0	42350	77.4%	77.4%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	3	0	0	0	0	0	0	1	3	4
45 to 59	7	3	0	0	0	0	0	0	7	3	10
60 to 64	6	2	0	0	0	0	0	0	6	2	8
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	24	12	0	0	0	0	0	0	24	12	36
85+	27	13	0	0	0	0	0	0	27	13	40
TOTALS	74	38	0	0	0	0	0	0	74	38	112

## ALDEN ESTATES OF BARRINGTON, INC.

1420 SOUTH BARRINGTON ROAD

BARRINGTON, IL. 60010

Reference Numbers Facility ID 6003735

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	55	3	8	10	0	112
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	36	55	3	8	10	0	112

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	356	305
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	104	0	0	0	104
Race Unknown	0	0	0	0	0
Total	112	0	0	0	112

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	107	0	0	0	107
Ethnicity Unknown	0	0	0	0	0
Total	112	0	0	0	112

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	7.00
Non-Health Staff	51.00
Totals	131.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
59.3%	26.9%	1.0%	6.0%	6.8%	100.0%		0.0%
9,326,090	4,224,394	153,886	945,304	1,071,094	15,720,768	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**1420 S Barrington Rd**

Barrington, IL 60010-5206

13.32 miles / 24 minutes

Notes

Alden Estates of Barrington



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**1.4 Mi**

*1.9 Mi Total*



3. Take the **US-14** ramp. [Map](#)

**0.2 Mi**

*2.1 Mi Total*



4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14 E.** [Map](#)

**9.2 Mi**

*11.3 Mi Total*



5. Turn **right** onto **N Hough St / IL-59.** Continue to follow **N Hough St.** [Map](#)

**1.3 Mi**

*12.6 Mi Total*



6. **N Hough St** becomes **S Barrington Rd.** [Map](#)

**0.7 Mi**

*13.3 Mi Total*



7. **1420 S BARRINGTON RD** is on the **right.** [Map](#)



**1420 S Barrington Rd, Barrington, IL 60010-5206**

**Total Travel Estimate: 13.32 miles - about 24 minutes**

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## ALDEN TERRACE OF MCHENRY REHAB

803 ROYAL DRIVE  
MCHENRY, IL. 60050Reference Numbers Facility ID 6008304  
Health Service Area 008 Planning Service Area 111

## Administrator

Georgette Parent

## Contact Person and Telephone

CHRIS REINHOFER  
773-286-3883

## Registered Agent Information

Kenneth Fisch  
4200 W. Peterson Ave., Suite 140  
Chicago, IL 60646

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date  
Completed  
3/1/2011

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	11
Mental Illness	48
Developmental Disability	0
Circulatory System	51
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 48

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	316	259	199	259	188	128	316	316	Total Admissions 2010	192
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	254
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	258
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	188
TOTAL BEDS	316	259	199	259	188	128	316	316		4

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	5052	4.4%	53152	46.1%	787	347	8588	0	67926	58.9%	71.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	5052	4.4%	53152	46.1%	787	347	8588	0	67926	58.9%	71.9%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	4	7	0	0	0	0	0	0	4	7	11
45 to 59	14	8	0	0	0	0	0	0	14	8	22
60 to 64	6	12	0	0	0	0	0	0	6	12	18
65 to 74	15	16	0	0	0	0	0	0	15	16	31
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	66	122	0	0	0	0	0	0	66	122	188

## ALDEN TERRACE OF MCHENRY REHAB

803 ROYAL DRIVE  
MCHENRY, IL. 60050

Reference Numbers Facility ID 6008304

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	153	2	2	22	188
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	9	153	2	2	22	188

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	240
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	188	0	0	0	188

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	10.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	39.50
Totals	110.50

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.4%	61.0%	6.1%	1.2%	8.3%	100.0%		0.0%
2,462,511	6,426,895	645,621	130,180	877,153	10,542,360	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**803 Royal Dr**

McHenry, IL 60050-4209

7.49 miles / 12 minutes

Notes

Alden Terrace of McHenry Rehab

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **left** onto **IL-31.** [Map](#)**6.2 Mi***6.7 Mi Total*3. Turn **left** onto **W Lillian St.** [Map](#)**0.6 Mi***7.3 Mi Total*4. Turn **left** onto **W Crystal Lake Rd.** [Map](#)**0.2 Mi***7.5 Mi Total*5. Take the 1st **right** onto **Front Royal Dr.** [Map](#)**0.02 Mi***7.5 Mi Total*6. **803 ROYAL DR** is on the **left.** [Map](#)**803 Royal Dr, McHenry, IL 60050-4209****Total Travel Estimate: 7.49 miles - about 12 minutes**

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## ALDEN-POPLAR CREEK REHAB &amp; CARE

1545 BARRINGTON ROAD  
HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366  
Health Service Area 007 Planning Service Area 701

## Administrator

Jeff Russell

## Contact Person and Telephone

CHRIS REINHOFER  
773-286-3883

## Registered Agent Information

Ken Fisch  
4200 W Peterson Ave, Suite 140  
Chicago, IL 60646

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date  
Completed  
2/28/2011

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	22
Alzheimer Disease	32
Mental Illness	7
Developmental Disability	3
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	64
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	188

Total Residents Diagnosed as Mentally Ill 12

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	217	196	188	196	188	29	217	217	Total Admissions 2010	689
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	664
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	188
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	217	196	188	196	188	29	217	217		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12120	15.3%	41273	52.1%	2972	1817	4089	0	62271	78.6%	87.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	12120	15.3%	41273	52.1%	2972	1817	4089	0	62271	78.6%	87.0%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	4	4	0	0	0	0	0	0	4	4	8
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	15	24	0	0	0	0	0	0	15	24	39
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	19	56	0	0	0	0	0	0	19	56	75
TOTALS	60	128	0	0	0	0	0	0	60	128	188

## ALDEN-POPLAR CREEK REHAB &amp; CARE

1545 BARRINGTON ROAD

HOFFMAN ESTATES, IL. 60194

Reference Numbers Facility ID 6001366

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	123	7	5	18	0	188
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	35	123	7	5	18	0	188

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	279
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	1	0	0	0	1
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	169	0	0	0	169
Race Unknown	7	0	0	0	7
Total	188	0	0	0	188

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	7	0	0	0	7
Total	188	0	0	0	188

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.80
LPN's	13.94
Certified Aides	51.16
Other Health Staff	2.00
Non-Health Staff	42.10
Totals	128.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.8%	39.1%	2.8%	5.3%	7.9%	100.0%		0.0%
6,376,023	5,563,812	400,211	757,178	1,123,012	14,220,236	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**1545 Barrington Rd**

Hoffman Estates, IL 60169-1018

18.76 miles / 28 minutes

## Notes

Alden Poplar Creek Rehab &amp; Care

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi***6.3 Mi Total*3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**9.4 Mi***15.6 Mi Total*4. Turn **right** onto **N Barrington Rd.** [Map](#)**3.2 Mi***18.8 Mi Total*5. **1545 BARRINGTON RD** is on the **left.** [Map](#)**1545 Barrington Rd, Hoffman Estates, IL 60169-1018****Total Travel Estimate: 18.76 miles - about 28 minutes**

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## APOSTOLIC CHRISTIAN RESTHAVEN

2750 WEST HIGHLAND AVENUE  
ELGIN, IL. 60124Reference Numbers Facility ID 6000392  
Health Service Area 008 Planning Service Area 089

## Administrator

David G. Stieglitz

## Contact Person and Telephone

DAVID STIEGLITZ  
847-741-4543

## Registered Agent Information

David G. Stieglitz  
5N598 Meadowview Ln  
St. Charles, IL 60175

## FACILITY OWNERSHIP

NON-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	17
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 17

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	50	50	49	50	45	5	0	50	Total Admissions 2010	47
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	22
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	24
Sheltered Care	0	0	0	0	0	0			Identified Offenders	45
TOTAL BEDS	50	50	49	50	45	5	0	50		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	4678	25.6%	0	0	12349	0	17027	93.3%	93.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4678	25.6%	0	0	12349	0	17027	93.3%	93.3%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	8	37	0	0	0	0	0	0	8	37	45

## APOSTOLIC CHRISTIAN RESTHAVEN

2750 WEST HIGHLAND AVENUE

ELGIN, IL. 60124

Reference Numbers Facility ID 6000392

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	11	0	0	34	0	45
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	11	0	0	34	0	45

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	45	0	0	0	45
Race Unknown	0	0	0	0	0
Total	45	0	0	0	45

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	45	0	0	0	45
Ethnicity Unknown	0	0	0	0	0
Total	45	0	0	0	45

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.40
LPN's	3.80
Certified Aides	27.10
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	65.30

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	21.9%	0.0%	0.0%	78.1%	100.0%		0.0%
0	646,397	0	0	2,302,782	2,949,179	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**2750 W Highland Ave**

Elgin, IL 60124-4202

17.07 miles / 24 minutes

Notes

Click to learn more...

Apostolic Christian Resthaven



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**2.6 Mi**

*3.1 Mi Total*



3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)

**2.6 Mi**

*5.7 Mi Total*



4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)

**11.1 Mi**

*16.8 Mi Total*



5. Turn **sharp right** onto **Highland Ave.** [Map](#)

**0.3 Mi**

*17.1 Mi Total*



**2750 W Highland Ave, Elgin, IL 60124-4202**

**Total Travel Estimate: 17.07 miles - about 24 minutes**

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## ARLINGTON REHAB &amp; LIVING CTR.

1666 CHECKER ROAD  
LONG GROVE, IL. 60047Reference Numbers Facility ID 6014344  
Health Service Area 008 Planning Service Area 097

## Administrator

DAVID J. ZARUBA

## Contact Person and Telephone

DAVID J. ZARUBA  
847-419-1111

## Registered Agent Information

Charles Sheets  
321 N. Clark Street  
Chicago, IL 60610Date  
Completed  
3/1/2011

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	21
Mental Illness	2
Developmental Disability	0
Circulatory System	60
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	161

Total Residents Diagnosed as Mentally Ill 54

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	190	190	184	190	161	29	190	190	Total Admissions 2010	168
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	382
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	389
Sheltered Care	0	0	0	0	0	0			Identified Offenders	161
TOTAL BEDS	190	190	184	190	161	29	190	190		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13775	19.9%	42794	61.7%	0	947	4063	0	61579	88.8%	88.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13775	19.9%	42794	61.7%	0	947	4063	0	61579	88.8%	88.8%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	18	31	0	0	0	0	0	0	18	31	49
85+	17	61	0	0	0	0	0	0	17	61	78
TOTALS	48	113	0	0	0	0	0	0	48	113	161

## ARLINGTON REHAB &amp; LIVING CTR.

1666 CHECKER ROAD

LONG GROVE, IL. 60047

Reference Numbers Facility ID 6014344

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS	
Nursing Care	38	110	0	1	12	0	161
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	38	110	0	1	12	0	161

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	156	0	0	0	156
Race Unknown	0	0	0	0	0
Total	161	0	0	0	161

  

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	152	0	0	0	152
Ethnicity Unknown	0	0	0	0	0
Total	161	0	0	0	161

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	19.00
Certified Aides	64.00
Other Health Staff	6.00
Non-Health Staff	54.00
Totals	159.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
52.9%	38.0%	0.0%	2.8%	6.2%	100.0%		0.0%
7,305,581	5,249,121	0	383,145	861,738	13,799,585	0	

\*Charity Expense does not include expenses which may be considered a community benefit.





Trip to:

**1666 Checker Rd**

Long Grove, IL 60047-5289

20.04 miles / 33 minutes

## Notes

Arlington Rehab &amp; Living Center

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**1.4 Mi***1.9 Mi Total*3. Take the **US-14** ramp. [Map](#)**0.2 Mi***2.1 Mi Total*4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14.** [Map](#)**4.8 Mi***6.9 Mi Total*5. Turn **left** onto **IL-22.** [Map](#)**5.3 Mi***12.2 Mi Total*6. Turn **right** onto **S Rand Rd / US-12 E.** [Map](#)**4.4 Mi***16.6 Mi Total*7. Turn **slight left** onto **Lake Cook Rd.** [Map](#)**2.8 Mi***19.4 Mi Total*8. Turn **left** onto **N Arlington Heights Rd.** [Map](#)**0.5 Mi***19.9 Mi Total*9. Turn **left** onto **Checker Rd / W Checker Rd.** [Map](#)**0.2 Mi***20.0 Mi Total***1666 Checker Rd, Long Grove, IL 60047-5289****Total Travel Estimate: 20.04 miles - about 33 minutes**

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## ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2010 ASSISI HCC AT CLARE OAKS

BARTLETT

## ASSISI HCC AT CLARE OAKS

829 CARILLON DRIVE  
BARTLETT, IL. 60103Reference Numbers Facility ID 6016273  
Health Service Area 007 Planning Service Area 701

## Administrator

Michelle Hart-Carlson

## Contact Person and Telephone

MICHELLE HART-CARLSON  
630-483-4742

## Registered Agent Information

Edward Otto  
1335 S. Prairie Avenue  
Chicago, IL 60605Date  
Completed  
2/28/2011

## FACILITY OWNERSHIP

NON-PROF CORPORATION

## CONTINUING CARE COMMUNITY

Yes

## LIFE CARE FACILITY

Yes

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	41
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill

1

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	120	120	101	120	86	34	120	25	Total Admissions 2010	79
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	609
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	602
Sheltered Care	33	0	0	0	0	33			Identified Offenders	86
TOTAL BEDS	153	120	101	120	86	67	120	25		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15803	36.1%	6666	73.1%	0	1263	6210	9	29951	68.4%	68.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15803	36.1%	6666	73.1%	0	1263	6210	9	29951	53.6%	68.4%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	17	69	0	0	0	0	0	0	17	69	86

## ASSISI HCC AT CLARE OAKS

829 CARILLON DRIVE

BARTLETT, IL. 60103

Reference Numbers Facility ID 6016273

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	15	0	3	19	1	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	48	15	0	3	19	1	86

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	292	278
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.50
LPN's	12.50
Certified Aides	47.00
Other Health Staff	12.50
Non-Health Staff	30.50
Totals	124.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.5%	44.0%	0.0%	2.0%	10.5%	100.0%		0.2%
7,015,809	7,088,755	0	320,683	1,700,502	16,125,749	34,504	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:  
**829 Carillon Dr**  
Bartlett, IL 60103-5300  
22.51 miles / 35 minutes

Notes

Aagisi Healthcare Center at Clare Oaks



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**5.8 Mi**

*6.3 Mi Total*



3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)

**7.0 Mi**

*13.3 Mi Total*



4. Turn **slight right** onto **IL-59 S / New Sutton Rd.** Continue to follow **IL-59 S.** [Map](#)

**8.6 Mi**

*21.9 Mi Total*



5. Turn **left** onto **W Bartlett Rd.** [Map](#)

**0.5 Mi**

*22.4 Mi Total*



6. Turn **right** onto **Carillon Dr.** [Map](#)

**0.1 Mi**

*22.5 Mi Total*



7. **829 CARILLON DR.** [Map](#)



**829 Carillon Dr, Bartlett, IL 60103-5300**

Total Travel Estimate: **22.51 miles - about 35 minutes**

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## ASTA CARE CENTER OF ELGIN

134 NORTH MCLEAN BOULEVARD  
ELGIN, IL. 60123

Reference Numbers Facility ID 6005847  
Health Service Area 008 Planning Service Area 089

## Administrator

Jack Siegel

## Contact Person and Telephone

Jack Siegel  
847-742-8822

## Registered Agent Information

Seth Gillman  
134 N.McLean Blv  
ELGIN, IL 60123

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 0  
Drug Addiction 1  
Medicaid Recipient 0  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Ventilator Dependent 0  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS  
Neoplasms 6  
Endocrine/Metabolic 11  
Blood Disorders 0  
\*Nervous System Non Alzheimer 10  
Alzheimer Disease 10  
Mental Illness 2  
Developmental Disability 0  
Circulatory System 6  
Respiratory System 13  
Digestive System 11  
Genitourinary System Disorders 9  
Skin Disorders 4  
Musculo-skeletal Disorders 4  
Injuries and Poisonings 0  
Other Medical Conditions 0  
Non-Medical Conditions 0  
TOTALS 86

Date  
Completed  
2/25/2011

Note: Reported restrictions denoted by 'I'

Total Residents Diagnosed as Mentally Ill

24

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	102	99	97	99	86	16	52	102	Total Admissions 2010	96
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	97
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	86
Sheltered Care	0	0	0	0	0	0			Identified Offenders	2
TOTAL BEDS	102	99	97	99	86	16	52	102		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4877	25.7%	21882	58.8%	2763	911	1450	0	31883	85.6%	88.2%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4877	25.7%	21882	58.8%	2763	911	1450	0	31883	85.6%	88.2%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	6	3	0	0	0	0	0	0	6	3	9
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	4	8	0	0	0	0	0	0	4	8	12
65 to 74	10	6	0	0	0	0	0	0	10	6	16
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	47	39	0	0	0	0	0	0	47	39	86

## ASTA CARE CENTER OF ELGIN

134 NORTH MCLEAN BOULEVARD

ELGIN, IL. 60123

Reference Numbers Facility ID 6005847

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	63	0	3	6	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	14	63	0	3	6	0	86

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	7.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	38.00
Totals	90.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.9%	63.6%	0.0%	5.5%	3.9%	100.0%		0.0%
1,484,701	3,504,782	0	304,590	216,846	5,510,919	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**134 N McLean Blvd**

Elgin, IL 60123-5169

18.16 miles / 27 minutes

## Notes

Asta Care Center Elgin

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**2.6 Mi***3.1 Mi Total*3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)**2.6 Mi***5.7 Mi Total*4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)**9.8 Mi***15.5 Mi Total*5. Turn **slight left** onto **Big Timber Rd / CR-21.** [Map](#)**1.2 Mi***16.7 Mi Total*6. Turn **right** onto **N McLean Blvd.** [Map](#)**0.4 Mi***17.1 Mi Total*7. **N McLean Blvd** becomes **Wing St.** [Map](#)**0.3 Mi***17.4 Mi Total*8. Turn **right** onto **N McLean Blvd.** [Map](#)**0.7 Mi***18.2 Mi Total***134 N McLean Blvd, Elgin, IL 60123-5169****Total Travel Estimate: 18.16 miles - about 27 minutes**

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## CLAREMONT-HANOVER PARK

2000 WEST LAKE STREET  
HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554  
Health Service Area 007 Planning Service Area 701

## Administrator

Lisa Ulm

## Contact Person and Telephone

LISA ULM  
630-556-2000

## Registered Agent Information

MS Registered Agent Service In  
191 N Wacker Drive Suite 18  
Chicago, IL 60606

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 0  
Medicare Recipient 0  
Mental Illness 1  
Non-Ambulatory 1  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS  
Neoplasms 0  
Endocrine/Metabolic 0  
Blood Disorders 0  
\*Nervous System Non Alzheimer 0  
Alzheimer Disease 0  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 0  
Respiratory System 1  
Digestive System 0  
Genitourinary System Disorders 0  
Skin Disorders 0  
Musculo-skeletal Disorders 0  
Injuries and Poisonings 0  
Other Medical Conditions 1  
Non-Medical Conditions 0  
TOTALS 2

Total Residents Diagnosed as Mentally Ill 0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	150	78	2	78	2	148	0	0	Total Admissions 2010	2
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	0
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2010	2
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	150	78	2	78	2	148	0	0		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	0	0.0%	0	0.0%	0	0	80	0	80	0.1%	0.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	80	0	80	0.1%	0.3%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0	0	0	0	0	0
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	1	1	0	0	0	0	0	0	1	1	2



## CLAREMONT-HANOVER PARK

2000 WEST LAKE STREET  
HANOVER PARK, IL. 60133

Reference Numbers Facility ID 6016554

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	2	0	2
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	0	0	0	2	0	2

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	275
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	2	0	0	0	2
Race Unknown	0	0	0	0	0
Total	2	0	0	0	2
ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	2	0	0	0	2
Ethnicity Unknown	0	0	0	0	0
Total	2	0	0	0	2

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	4.00
Other Health Staff	5.00
Non-Health Staff	4.00
Totals	20.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		0.0%
0	0	0	0	0	0	0	

\*Charity Expense does not include expenses which may be considered a community benefit.

## FACILITY NOTES

Name Change 11/15/2010 Name changed from Church Creek Station Nursing.  
Licensure 11/15/2010 Facility licensed for operation.



Trip to:

**2000 W Lake St**

Hanover Park, IL 60133-4302

23.35 miles / 37 minutes

## Notes

Church Creek Station Skilled Care

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi***6.3 Mi Total*3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**9.4 Mi***15.6 Mi Total*4. Turn **right** onto **N Barrington Rd.** [Map](#)**7.5 Mi***23.1 Mi Total*5. Turn **right** onto **W Lake St / US-20 / Ulysses S Grant Memorial Hwy.** [Map](#)**0.2 Mi***23.4 Mi Total*6. **2000 W LAKE ST** is on the **right.** [Map](#)**2000 W Lake St, Hanover Park, IL 60133-4302****Total Travel Estimate: 23.35 miles - about 37 minutes**

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## CLAREMONT REHAB &amp; LIVING CTR.

150 NORTH WEILAND ROAD  
BUFFALO GROVE, IL. 60089Reference Numbers Facility ID 6014195  
Health Service Area 008 Planning Service Area 097

## Administrator

Jeff Baker

## Contact Person and Telephone

Jeff Baker

847-465-0200

## Registered Agent Information

Date  
Completed  
2/28/2011

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	31
Mental Illness	17
Developmental Disability	2
Circulatory System	13
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	15
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	157

Total Residents Diagnosed as Mentally Ill 17

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	200	200	195	200	157	43	200	200	Total Admissions 2010	155
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	841
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	157
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	200	200	195	200	157	43	200	200		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14824	20.3%	30055	41.2%	0	2648	11208	0	58735	80.5%	80.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14824	20.3%	30055	41.2%	0	2648	11208	0	58735	80.5%	80.5%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	7	4	0	0	0	0	0	0	7	4	11
60 to 64	3	4	0	0	0	0	0	0	3	4	7
65 to 74	6	13	0	0	0	0	0	0	6	13	19
75 to 84	11	32	0	0	0	0	0	0	11	32	43
85+	13	64	0	0	0	0	0	0	13	64	77
TOTALS	40	117	0	0	0	0	0	0	40	117	157

## CLAREMONT REHAB &amp; LIVING CTR.

150 NORTH WEILAND ROAD

BUFFALO GROVE, IL. 60089

Reference Numbers Facility ID 6014195

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	83	0	3	32	0	157
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	83	0	3	32	0	157

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	211
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	155	0	0	0	155
Race Unknown	0	0	0	0	0
Total	157	0	0	0	157

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	157	0	0	0	157

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.22
LPN's	18.02
Certified Aides	58.60
Other Health Staff	14.97
Non-Health Staff	54.10
Totals	167.91

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
49.5%	26.6%	0.0%	7.0%	16.9%	100.0%		0.0%
7,510,880	4,031,531	0	1,059,246	2,559,916	15,161,573	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:  
**150 Weiland Rd**  
Buffalo Grove, IL 60089-7047  
21.09 miles / 35 minutes

Notes

Claremont Rehab & Living Center



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**1.4 Mi**

*1.9 Mi Total*



3. Take the **US-14** ramp. [Map](#)

**0.2 Mi**

*2.1 Mi Total*



4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14.** [Map](#)

**4.8 Mi**

*6.9 Mi Total*



5. Turn **left** onto **IL-22.** [Map](#)

**5.3 Mi**

*12.2 Mi Total*



6. Turn **right** onto **S Rand Rd / US-12 E.** [Map](#)

**4.4 Mi**

*16.6 Mi Total*



7. Turn **slight left** onto **Lake Cook Rd.** [Map](#)

**4.4 Mi**

*21.0 Mi Total*



8. Turn **left** onto **Weiland Rd.** [Map](#)

**0.1 Mi**

*21.1 Mi Total*



9. **150 WEILAND RD.** [Map](#)



**150 Weiland Rd, Buffalo Grove, IL 60089-7047**

Total Travel Estimate: **21.09 miles - about 35 minutes**

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## CRYSTAL PINES REHAB &amp; HCC

335 NORTH ILLINOIS AVENUE

CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002299

Health Service Area 008 Planning Service Area 111

## Administrator

IRENE GLASS

## Contact Person and Telephone

IRENE GLASS

815-459-7791

## Registered Agent Information

Date  
Completed  
2/28/2011

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	19
Digestive System	15
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	101

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

No

Note: Reported restrictions denoted by 'I'

## LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill

0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	101
Nursing Care	114	110	107	110	101	13	112	104	Total Admissions 2010	176
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	176
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	101
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	114	110	107	110	101	13	112	104		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4940	12.1%	24057	63.4%	0	514	7875	0	37386	89.8%	93.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4940	12.1%	24057	63.4%	0	514	7875	0	37386	89.8%	93.1%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	10	53	0	0	0	0	0	0	10	53	63
TOTALS	22	79	0	0	0	0	0	0	22	79	101

## CRYSTAL PINES REHAB &amp; HCC

335 NORTH ILLINOIS AVENUE

CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002299

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	58	0	5	26	0	101
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	58	0	5	26	0	101

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	101	0	0	0	101

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	0	0	0	0	0
Total	101	0	0	0	101

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	7.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	107.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.3%	48.7%	0.0%	2.2%	16.8%	100.0%		0.0%
2,239,901	3,378,933	0	153,920	1,169,108	6,941,862	0	

\*Charity Expense does not include expenses which may be considered a community benefit.

## FACILITY NOTES

CHOW

10/28/2010 Change of ownership occurred.



Trip to:  
**335 Illinois St**  
Crystal Lake, IL 60014-3618  
1.00 miles / 2 minutes

Notes

Crystal Pines Rehab & Hcc



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)

**0.9 Mi**

*0.9 Mi Total*



2. Turn **right** onto **Illinois St.** [Map](#)

**0.1 Mi**

*1.0 Mi Total*



3. **335 ILLINOIS ST** is on the **right.** [Map](#)



**335 Illinois St, Crystal Lake, IL 60014-3618**

Total Travel Estimate: **1.00 miles - about 2 minutes**

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## FAIR OAKS HEALTH CARE CENTER

471 W. TERRA COTTA AVENUE  
CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976  
Health Service Area 008 Planning Service Area 111

## Administrator

Joyce Surdick

## Contact Person and Telephone

JOYCE SURDICK  
815-455-0550

## Registered Agent Information

Joyce Surdick  
471 W. Terra Cotta Ave.  
Crystal Lake, IL 60014

## FACILITY OWNERSHIP

NON-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	9
Developmental Disability	0
Circulatory System	5
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

Total Residents Diagnosed as Mentally Ill 9

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2010	
		BEDS	SET-UP							Residents on 1/1/2010	
Nursing Care	46	46		46	46	42	4	40	8	Total Admissions 2010	41
Skilled Under 22	0	0		0	0	0	0		0	Total Discharges 2010	74
Intermediate DD	0	0		0	0	0	0		0	Residents on 12/31/2010	73
Sheltered Care	0	0		0	0	0	0			Identified Offenders	42
TOTAL BEDS	46	46		46	46	42	4	40	8		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4036	27.6%	2970	101.7%	0	23	7958	200	15187	90.5%	90.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4036	27.6%	2970	101.7%	0	23	7958	200	15187	90.5%	90.5%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	5	5	0	0	0	0	0	0	5	5	10
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	13	29	0	0	0	0	0	0	13	29	42

## FAIR OAKS HEALTH CARE CENTER

471 W. TERRA COTTA AVENUE

CRYSTAL LAKE, IL. 60014

Reference Numbers Facility ID 6002976

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	8	0	0	25	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	8	0	0	25	0	42

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	42	0	0	0	42
Race Unknown	0	0	0	0	0
Total	42	0	0	0	42

  

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	0	42
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	0	42

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	19.00
Totals	50.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
50.1%	8.7%	0.0%	0.0%	41.2%	100.0%		1.0%
1,996,730	346,239	0	0	1,640,603	3,983,572	39,437	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**471 W Terra Cotta Ave**

Crystal Lake, IL 60014-3434

2.19 miles / 4 minutes

Notes

Fair Oaks Health Care Center

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)**2.2 Mi***2.2 Mi Total*2. **471 W TERRA COTTA AVE** is on the **left.** [Map](#)**471 W Terra Cotta Ave, Crystal Lake, IL 60014-3434****Total Travel Estimate: 2.19 miles - about 4 minutes**

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## FLORENCE NURSING HOME

546 EAST GRANT HIGHWAY  
MARENGO, IL. 60152

Reference Numbers Facility ID 6003180

Health Service Area 008 Planning Service Area 111

## Administrator

KATHI MILLER

## Contact Person and Telephone

KATHI MILLER

815-568-8322

## Registered Agent Information

ABRAHAM STERN

Chicago, IL 60645

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date  
Completed  
2/28/2011

No

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	49

Total Residents Diagnosed as Mentally Ill

0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	52	52	50	52	49	3	27	34	46	
Skilled Under 22	0	0	0	0	0	0		0	101	
Intermediate DD	0	0	0	0	0	0		0	98	
Sheltered Care	0	0	0	0	0	0		0	49	
TOTAL BEDS	52	52	50	52	49	3	27	34	Identified Offenders	0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3456	35.1%	3041	24.5%	0	0	10704	0	17201	90.6%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3456	35.1%	3041	24.5%	0	0	10704	0	17201	90.6%	90.6%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	10	23	0	0	0	0	0	0	10	23	33
TOTALS	19	30	0	0	0	0	0	0	19	30	49

## FLORENCE NURSING HOME

546 EAST GRANT HIGHWAY

MARENGO, IL. 60152

Reference Numbers Facility ID 6003180

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	9	0	0	28	0	49
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	12	9	0	0	28	0	49

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	190
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
Total	49	0	0	0	49

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	0	0	0	0	0
Total	49	0	0	0	49

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	3.00
Non-Health Staff	11.00
Totals	42.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
45.6%	10.6%	0.0%	0.0%	43.8%	100.0%		0.0%
1,655,067	383,629	0	0	1,588,344	3,627,040	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**546 E Grant Hwy**

Marengo, IL 60152-3346

17.22 miles / 25 minutes

Notes

Florence Nursing Home

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** Continue to follow **IL-176**. [Map](#)**6.5 Mi***6.5 Mi Total*2. Turn **right** onto **IL-47 / IL-176**. [Map](#)**0.8 Mi***7.4 Mi Total*3. Take the 2nd **left** onto **IL-176**. [Map](#)**9.0 Mi***16.4 Mi Total*4. Turn **left** onto **N State St / IL-23**. [Map](#)**0.5 Mi***16.9 Mi Total*5. Turn **left** onto **E Grant Hwy / US-20 / Ulysses S Grant Memorial Hwy**. [Map](#)**0.4 Mi***17.2 Mi Total*6. **546 E GRANT HWY** is on the **left**. [Map](#)**546 E Grant Hwy, Marengo, IL 60152-3346****Total Travel Estimate: 17.22 miles - about 25 minutes**

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## ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2010 FOUNTAINS AT CRYSTAL LAKE

CRYSTAL LAKE

## FOUNTAINS AT CRYSTAL LAKE

1000 EAST BRIGHTON LANE  
CRYSTAL LAKE, IL. 60012Reference Numbers Facility ID 6011803  
Health Service Area 008 Planning Service Area 111

## Administrator

Stephanie Dimitrenko

## Contact Person and Telephone

STEPHANIE DIMITRENKO  
815-477-6400

## Registered Agent Information

Date  
Completed  
2/15/2011

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

Yes

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	1
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	65

Total Residents Diagnosed as Mentally Ill 0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	97	97	86	97	65	32	97	0	60	
Skilled Under 22	0	0	0	0	0	0		0	704	
Intermediate DD	0	0	0	0	0	0		0	699	
Sheltered Care	0	0	0	0	0	0		0	65	
TOTAL BEDS	97	97	86	97	65	32	97	0	Identified Offenders	0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	14073	39.7%	0	0.0%	0	4641	8577	0	27291	77.1%	77.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	14073	39.7%	0	0.0%	0	4641	8577	0	27291	77.1%	77.1%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	13	15	0	0	0	0	0	0	13	15	28
TOTALS	27	38	0	0	0	0	0	0	27	38	65

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

## FOUNTAINS AT CRYSTAL LAKE

1000 EAST BRIGHTON LANE  
CRYSTAL LAKE, IL. 60012

Reference Numbers Facility ID 6011803

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	0	0	4	22	0	65
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	0	0	4	22	0	65

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	0	65
Race Unknown	0	0	0	0	0
Total	65	0	0	0	65

  

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	65	0	0	0	65
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	24.00
Other Health Staff	5.00
Non-Health Staff	26.00
Totals	76.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
77.2%	0.0%	0.0%	3.4%	19.4%	100.0%		0.0%
6,733,603	0	0	297,189	1,689,722	8,720,514	0	

\*Charity Expense does not include expenses which may be considered a community benefit.





Trip to:

**1000 E Brighton Ln**

Crystal Lake, IL 60012-2074

2.00 miles / 3 minutes

Notes

Fountains at Crystal Lake

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln**. [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **left** onto **IL-31**. [Map](#)**1.3 Mi***1.8 Mi Total*3. Turn **right** onto **E Brighton Ln**. [Map](#)**0.2 Mi***2.0 Mi Total***1000 E Brighton Ln, Crystal Lake, IL 60012-2074****Total Travel Estimate: 2.00 miles - about 3 minutes**

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## FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD

SCHAUMBURG, IL 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

## Administrator

Judy Pitzele

## Contact Person and Telephone

Jeff Nyberg

847-884-5561

## Registered Agent Information

Steve Yenchek

350 West Schaumburg Road

Schaumburg, IL 60194

## FACILITY OWNERSHIP

NON-PROF CORPORATION

## CONTINUING CARE COMMUNITY

Yes

## LIFE CARE FACILITY

Yes

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	2
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	30
Digestive System	17
Genitourinary System Disorders	16
Skin Disorders	11
Musculo-skeletal Disorders	8
Injuries and Poisonings	39
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	232

Total Residents Diagnosed as Mentally Ill 0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	250	250	240	250	232	18	250	190	Total Admissions 2010	214
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	549
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2010	531
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	232
TOTAL BEDS	250	250	240	250	232	18	250	190		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15623	17.1%	24289	35.0%	0	0	42434	5254	87600	96.0%	96.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15623	17.1%	24289	35.0%	0	0	42434	5254	87600	96.0%	96.0%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	16	42	0	0	0	0	0	0	16	42	58
85+	34	132	0	0	0	0	0	0	34	132	166
TOTALS	50	182	0	0	0	0	0	0	50	182	232

## FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD

SCHAUMBURG, IL. 60194

Reference Numbers Facility ID 6003404

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	65	0	0	119	232
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	48	65	0	0	119	232

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	341	283
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	232	0	0	0	232
Race Unknown	0	0	0	0	0
Total	232	0	0	0	232

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	232	0	0	0	232
Ethnicity Unknown	0	0	0	0	0
Total	232	0	0	0	232

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	32.80
LPN's	11.80
Certified Aides	96.20
Other Health Staff	11.70
Non-Health Staff	13.80
Totals	168.30

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
22.5%	28.9%	0.0%	0.0%	48.6%	100.0%		2.5%
4,850,370	6,235,407	0	0	10,469,423	21,555,200	538,672	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**350 W Schaumburg Rd**

Schaumburg, IL 60194-3464

23.11 miles / 36 minutes

Notes

Friendship Village Schaumburg

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi**

6.3 Mi Total

3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**12.9 Mi**

19.1 Mi Total

4. Turn **right** onto **N Roselle Rd.** [Map](#)**3.6 Mi**

22.7 Mi Total

5. Turn **right** onto **W Schaumburg Rd.** [Map](#)**0.4 Mi**

23.1 Mi Total

6. **350 W SCHAUMBURG RD** is on the **right.** [Map](#)**350 W Schaumburg Rd, Schaumburg, IL 60194-3464****Total Travel Estimate: 23.11 miles - about 36 minutes**

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## ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2010 HEARTHSTONE MANOR

WOODSTOCK

## HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE  
WOODSTOCK, IL. 60098Reference Numbers Facility ID 6009310  
Health Service Area 008 Planning Service Area 111

## Administrator

Richard A. Curtis

## Contact Person and Telephone

RICHARD A. CURTIS  
815-338-1749

## Registered Agent Information

Terrance P Egan  
920 N Seminary Avenue  
Woodstock, IL 60098

## FACILITY OWNERSHIP

NON-PROF CORPORATION

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date  
Completed  
2/28/2011Yes  
No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	16
Mental Illness	33
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	98

Total Residents Diagnosed as Mentally Ill 44

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	75	71	66	71	55	20	29	32	101	
Skilled Under 22	0	0	0	0	0	0		0	175	
Intermediate DD	0	0	0	0	0	0		0	178	
Sheltered Care	63	52	49	52	43	20		0	98	
TOTAL BEDS	138	123	115	123	98	40	29	32	Identified Offenders	0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3812	36.0%	7089	60.7%	0	16	10044	0	20961	76.6%	80.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					2828	0	12993	365	16186	70.4%	85.3%
TOTALS	3812	36.0%	7089	60.7%	2828	16	23037	365	37147	73.7%	82.7%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	1	0	1	1
65 to 74	1	0	0	0	0	0	0	1	1	1	2
75 to 84	3	10	0	0	0	0	0	5	3	15	18
85+	4	37	0	0	0	0	1	35	5	72	77
TOTALS	8	47	0	0	0	0	1	42	9	89	98

## HEARTHSTONE MANOR

920 NORTH SEMINARY AVENUE  
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009310

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	19	0	0	27	0	55
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			7	0	36	0	43
TOTALS	9	19	7	0	63	0	98

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	247	197
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	131	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	55	0	0	43	98
Race Unknown	0	0	0	0	0
Total	55	0	0	43	98

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	55	0	0	43	98
Ethnicity Unknown	0	0	0	0	0
Total	55	0	0	43	98

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.59
LPN's	9.22
Certified Aides	41.95
Other Health Staff	23.34
Non-Health Staff	16.71
Totals	101.81

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.2%	14.7%	0.0%	0.0%	66.0%	100.0%		0.7%
1,316,160	1,008,420	0	0	4,519,001	6,843,581	44,767	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Hearthstone Manor

Trip to:

**920 N Seminary Ave**

Woodstock, IL 60098-2996

10.61 miles / 18 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)**2.5 Mi**

2.5 Mi Total

2. Turn **right** onto **US-14 W.** [Map](#)**5.8 Mi**

8.3 Mi Total

3. Turn **slight right** onto **S Eastwood Dr / IL-47.** Continue to follow **IL-47.** [Map](#)**2.3 Mi**

10.6 Mi Total

**920 N Seminary Ave, Woodstock, IL 60098-2996****Total Travel Estimate: 10.61 miles - about 18 minutes**

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## HERITAGE MANOR ELGIN LLC

355 RAYMOND STREET  
ELGIN, IL. 60120Reference Numbers Facility ID 6006902  
Health Service Area 008 Planning Service Area 089

## Administrator

LINDA S. HARTMANN

## Contact Person and Telephone

LINDA S. HARTMANN  
847-697-6636

## Registered Agent Information

Date  
Completed  
2/18/2011

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	37
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	11
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	79

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

Total Residents Diagnosed as Mentally Ill

0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	94	94	83	94	79	15	94	94	Total Admissions 2010	68
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	68
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	79
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	94	94	83	94	79	15	94	94		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4157	12.1%	20137	58.7%	0	0	3093	0	27387	79.8%	79.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4157	12.1%	20137	58.7%	0	0	3093	0	27387	79.8%	79.8%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	1	0	0	0	0	0	0	0	1	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	22	0	0	0	0	0	0	6	22	28
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	17	62	0	0	0	0	0	0	17	62	79



## HERITAGE MANOR ELGIN LLC

355 RAYMOND STREET

ELGIN, IL. 60120

Reference Numbers Facility ID 6006902

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	56	0	0	8	0	79
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	56	0	0	8	0	79

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	170
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	74	0	0	0	74
Race Unknown	0	0	0	0	0
Total	79	0	0	0	79

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	79	0	0	0	79

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	4.00
Certified Aides	36.00
Other Health Staff	18.00
Non-Health Staff	11.00
Totals	87.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.2%	46.5%	0.0%	0.0%	12.4%	100.0%		0.0%
2,282,041	2,574,723	0	0	685,926	5,542,691	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**355 Raymond St**

Elgin, IL 60120-7875

16.95 miles / 31 minutes

Notes

Heritage Manor - Elgin

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**15.9 Mi***16.4 Mi Total*3. Turn **left** onto **National St.** [Map](#)**0.4 Mi***16.8 Mi Total*4. Turn **right** onto **Raymond St.** [Map](#)**0.1 Mi***17.0 Mi Total*5. **355 RAYMOND ST** is on the **left.** [Map](#)**355 Raymond St, Elgin, IL 60120-7875****Total Travel Estimate: 16.95 miles - about 31 minutes**

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## LEXINGTON OF LAKE ZURICH

900 SOUTH RAND ROAD  
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138  
Health Service Area 008 Planning Service Area 097

## Administrator

Todd Tedrow

## Contact Person and Telephone

Bridgett Rummel  
630-458-4635

## Registered Agent Information

Date  
Completed  
2/17/2011

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 0  
Medicare Recipient 0  
Mental Illness 1  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS  
Neoplasms 2  
Endocrine/Metabolic 4  
Blood Disorders 1  
\*Nervous System Non Alzheimer 9  
Alzheimer Disease 17  
Mental Illness 4  
Developmental Disability 0  
Circulatory System 45  
Respiratory System 12  
Digestive System 0  
Genitourinary System Disorders 3  
Skin Disorders 0  
Musculo-skeletal Disorders 6  
Injuries and Poisonings 1  
Other Medical Conditions 78  
Non-Medical Conditions 0  
TOTALS 182

Total Residents Diagnosed as Mentally Ill 4

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	203	203	198	203	182	21	203	203	Total Admissions 2010	184
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	451
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	453
Sheltered Care	0	0	0	0	0	0			Identified Offenders	182
TOTAL BEDS	203	203	198	203	182	21	203	203		0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Set Up Occ. Pct.
Nursing Care	9745	13.2%	53530	72.2%	0	1561	4469	0	69305	93.5%	93.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9745	13.2%	53530	72.2%	0	1561	4469	0	69305	93.5%	93.5%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	2	0	0	0	0	0	0	0	2	2
45 to 59	1	7	0	0	0	0	0	0	1	7	8
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	14	40	0	0	0	0	0	0	14	40	54
85+	16	76	0	0	0	0	0	0	16	76	92
TOTALS	41	141	0	0	0	0	0	0	41	141	182

## LEXINGTON OF LAKE ZURICH

900 SOUTH RAND ROAD  
LAKE ZURICH, IL. 60047

Reference Numbers Facility ID 6014138

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	127	0	5	9	0	182
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	41	127	0	5	9	0	182

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	193
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	175	0	0	0	175
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	65.00
Other Health Staff	6.00
Non-Health Staff	62.00
Totals	166.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.7%	50.4%	0.0%	4.4%	8.6%	100.0%		0.0%
4,809,530	6,610,959	0	572,863	1,126,829	13,120,181	0	

\*Charity Expense does not include expenses which may be considered a community benefit.

## FACILITY NOTES

Bed Change 12/21/2010 Added 5 Nursing Care beds; facility now has 203 Nursing Care beds.



Trip to:

**900 S Rand Rd**

Lake Zurich, IL 60047

13.85 miles / 23 minutes

Notes

Lexington of Lake Zurich

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**1.4 Mi***1.9 Mi Total*3. Take the **US-14** ramp. [Map](#)**0.2 Mi***2.1 Mi Total*4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14.** [Map](#)**4.8 Mi***6.9 Mi Total*5. Turn **left** onto **IL-22.** [Map](#)**5.3 Mi***12.2 Mi Total*6. Turn **right** onto **S Rand Rd / US-12 E.** [Map](#)**1.5 Mi***13.7 Mi Total*7. Make a **U-turn** onto **S Rand Rd / US-12 W.** [Map](#)**0.1 Mi***13.8 Mi Total*8. **900 S RAND RD.** [Map](#)**900 S Rand Rd, Lake Zurich, IL 60047****Total Travel Estimate: 13.85 miles - about 23 minutes**

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## LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD  
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

Health Service Area 007 Planning Service Area 701

## Administrator

Terri Bowen

## Contact Person and Telephone

Bridgett Rummel  
630-458-4635

## Registered Agent Information

Date  
Completed  
2/17/2011

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	14
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	8
Other Medical Conditions	91
Non-Medical Conditions	0
TOTALS	194

Total Residents Diagnosed as Mentally Ill 14

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	214	214	201	214	194	20	214	214	194	444
Skilled Under 22	0	0	0	0	0	0		0		444
Intermediate DD	0	0	0	0	0	0		0		194
Sheltered Care	0	0	0	0	0	0				2
TOTAL BEDS	214	214	201	214	194	20	214	214		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL Pat. days	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days			Occ. Pct.	Occ. Pct.	
Nursing Care	12685	16.2%	52647	67.4%	0	1574	3840	0	70746	90.6%	90.6%			
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%			
Sheltered Care					0	0	0	0	0	0.0%	0.0%			
TOTALS	12685	16.2%	52647	67.4%	0	1574	3840	0	70746	90.6%	90.6%			

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	22	59	0	0	0	0	0	0	22	59	81
85+	21	58	0	0	0	0	0	0	21	58	79
TOTALS	57	137	0	0	0	0	0	0	57	137	194

## LEXINGTON OF SCHAUMBURG

675 SOUTH ROSELLE ROAD  
SCHAUMBURG, IL. 60193

Reference Numbers Facility ID 6012553

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	118	0	4	11	0	194
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	61	118	0	4	11	0	194

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	317	222
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	6	0	0	0	6
Amer. Indian	1	0	0	0	1
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	66.00
Other Health Staff	9.00
Non-Health Staff	70.00
Totals	178.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.2%	47.2%	0.0%	4.3%	6.3%	100.0%		0.0%
6,222,422	6,967,196	0	638,622	931,287	14,759,527	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**675 S Roselle Rd**

Schaumburg, IL 60193-3100

23.56 miles / 37 minutes

Notes

Lexington of Schaumburg

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi***6.3 Mi Total*3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**12.9 Mi***19.1 Mi Total*4. Turn **right** onto **N Roselle Rd.** [Map](#)**4.5 Mi***23.6 Mi Total*5. **675 S ROSELLE RD** is on the **left.** [Map](#)**675 S Roselle Rd, Schaumburg, IL 60193-3100****Total Travel Estimate: 23.56 miles - about 37 minutes**

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## LEXINGTON OF STREAMWOOD

815 EAST IRVING PARK ROAD  
STREAMWOOD, IL. 60107Reference Numbers Facility ID 6012975  
Health Service Area 007 Planning Service Area 701

## Administrator

Gina McCarthy

## Contact Person and Telephone

Bridgett Rummel  
630-458-4635

## Registered Agent Information

Date  
Completed  
2/22/2011

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	4
Mental Illness	3
Developmental Disability	0
Circulatory System	23
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	27
Injuries and Poisonings	5
Other Medical Conditions	88
Non-Medical Conditions	0
TOTALS	182

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

Note: Reported restrictions denoted by 'I'

Total Residents Diagnosed as Mentally Ill 3

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND  
DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	214	214	192	214	182	32	214	214	187	
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2010	355
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2010	360
Sheltered Care	0	0	0	0	0	0			Residents on 12/31/2010	182
TOTAL BEDS	214	214	192	214	182	32	214	214	Identified Offenders	0

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10950	14.0%	51338	65.7%	0	981	3832	0	67101	85.9%	85.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10950	14.0%	51338	65.7%	0	981	3832	0	67101	85.9%	85.9%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	1	0	0	0	0	0	0	3	1	4
60 to 64	2	6	0	0	0	0	0	0	2	6	8
65 to 74	9	18	0	0	0	0	0	0	9	18	27
75 to 84	12	55	0	0	0	0	0	0	12	55	67
85+	4	72	0	0	0	0	0	0	4	72	76
TOTALS	30	152	0	0	0	0	0	0	30	152	182

## LEXINGTON OF STREAMWOOD

815 EAST IRVING PARK ROAD  
STREAMWOOD, IL. 60107

Reference Numbers Facility ID 6012975

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	49	120	0	1	12	0	182
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	49	120	0	1	12	0	182

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	383	203
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	21.00
Certified Aides	57.00
Other Health Staff	8.00
Non-Health Staff	63.00
Totals	165.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.4%	49.9%	0.0%	3.1%	7.6%	100.0%		0.0%
5,068,403	6,423,730	0	404,192	980,351	12,876,676	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Lexington of Streamwood

Trip to:

**815 E Irving Park Rd**

Streamwood, IL 60107-3073

22.34 miles / 34 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi**

6.3 Mi Total

3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**7.0 Mi**

13.3 Mi Total

4. Turn **slight right** onto **IL-59 S / New Sutton Rd.** Continue to follow **IL-59 S.** [Map](#)**6.9 Mi**

20.2 Mi Total

5. Turn **left** onto **W Irving Park Rd / IL-19.** [Map](#)**2.2 Mi**

22.3 Mi Total

6. **815 E IRVING PARK RD** is on the **right.** [Map](#)**815 E Irving Park Rd, Streamwood, IL 60107-3073****Total Travel Estimate: 22.34 miles - about 34 minutes**

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## LIBERTYVILLE MANOR EXTEND CARE FACILITY

610 PETERSON ROAD (HWY. #137)  
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6005359  
Health Service Area 008 Planning Service Area 097

## Administrator

John Stokovich

## Contact Person and Telephone

JOHN STOKOVICH  
1-(847)-367-6100

## Registered Agent Information

John P. Fadden, J.D., CPA  
111 West Washington Street - Suite 1900  
Chicago, IL 60602

## FACILITY OWNERSHIP

FOR-PROF CORPORATION

## CONTINUING CARE COMMUNITY

No

## LIFE CARE FACILITY

No

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social 1  
Chronic Alcoholism 1  
Developmentally Disabled 1  
Drug Addiction 1  
Medicaid Recipient 1  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 0  
No Restrictions 0

Note: Reported restrictions denoted by '1'

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS  
Neoplasms 1  
Endocrine/Metabolic 24  
Blood Disorders 0  
\*Nervous System Non Alzheimer 5  
Alzheimer Disease 2  
Mental Illness 0  
Developmental Disability 0  
Circulatory System 9  
Respiratory System 14  
Digestive System 0  
Genitourinary System Disorders 0  
Skin Disorders 0  
Musculo-skeletal Disorders 2  
Injuries and Poisonings 0  
Other Medical Conditions 0  
Non-Medical Conditions 0  
TOTALS 57

Total Residents Diagnosed as Mentally Ill 0

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	63
Nursing Care	174	174	68	174	57	117	31	0	Total Admissions 2010	281
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	287
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2010	57
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	174	174	68	174	57	117	31	0		

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6604	58.4%	0	0.0%	0	0	14937	60	21601	34.0%	34.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6604	58.4%	0	0.0%	0	0	14937	60	21601	34.0%	34.0%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	18	39	0	0	0	0	0	0	18	39	57

## LIBERTYVILLE MANOR EXTEND CARE FACILITY

610 PETERSON ROAD (HWY. #137)

LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6005359

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	0	40	0	57
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	17	0	0	0	40	0	57

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	202
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	57	0	0	0	57

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	57	0	0	0	57

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	6.00
Non-Health Staff	25.00
Totals	66.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
37.3%	0.0%	0.0%	0.0%	62.7%	100.0%		0.1%
2,600,500	0	0	0	4,372,610	6,973,110	10,366	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**610 Peterson Rd**

Libertyville, IL 60048-1014

20.38 miles / 35 minutes

Notes

Libertyville Manor Extended Care



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **slight left** onto **IL-176.** [Map](#)

**14.4 Mi**

*14.9 Mi Total*



3. Turn **left** onto **Schank Ave.** [Map](#)

**0.1 Mi**

*15.1 Mi Total*



4. **Schank Ave** becomes **IL-83 / Ivanhoe Rd.** [Map](#)

**2.0 Mi**

*17.1 Mi Total*



5. Turn **right** onto **E Peterson Rd / CR-A33.** Continue to follow **E Peterson Rd.** [Map](#)

**3.1 Mi**

*20.2 Mi Total*



6. Turn **sharp left** onto **Peterson Rd / IL-137 W.** [Map](#)

**0.2 Mi**

*20.4 Mi Total*



**610 Peterson Rd, Libertyville, IL 60048-1014**

**Total Travel Estimate: 20.38 miles - about 35 minutes**

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MANOR CARE OF LIBERTYVILLE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1500 SOUTH MILWAUKEE AVENUE			Aggressive/Anti-Social	1	DIAGNOSIS	
LIBERTYVILLE, IL. 60048			Chronic Alcoholism	1	Neoplasms	5
<b>Reference Numbers</b> Facility ID 6010482			Developmentally Disabled	1	Endocrine/Metabolic	9
Health Service Area 008 Planning Service Area 097			Drug Addiction	1	Blood Disorders	3
<b>Administrator</b>			Medicaid Recipient	0	*Nervous System Non Alzheimer	11
Pamela Lamb			Medicare Recipient	0	Alzheimer Disease	4
<b>Contact Person and Telephone</b>			Mental Illness	1	Mental Illness	0
PAMELA LAMB			Non-Ambulatory	0	Developmental Disability	0
847-816-3200			Non-Mobile	0	Circulatory System	36
<b>Registered Agent Information</b>			Public Aid Recipient	0	Respiratory System	7
			Under 65 Years Old	0	Digestive System	3
			Unable to Self-Medicate	0	Genitourinary System Disorders	3
			Ventilator Dependent	1	Skin Disorders	2
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
			Other Restrictions	0	Injuries and Poisonings	8
			No Restrictions	0	Other Medical Conditions	8
			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
<b>FACILITY OWNERSHIP</b>					TOTALS	104
LIMITED LIABILITY CO					Total Residents Diagnosed as Mentally Ill	0
<b>CONTINUING CARE COMMUNITY</b>						
LIFE CARE FACILITY						

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	126
Nursing Care	150	144	134	144	104	46	150	66	Total Admissions 2010	764
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	786
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	104
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	150	144	134	144	104	46	150	66		

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	15053	27.5%	15839	65.7%	0	3814	3470	0	38176	69.7%	72.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15053	27.5%	15839	65.7%	0	3814	3470	0	38176	69.7%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	6	8	0	0	0	0	0	0	6	8	14
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	28	76	0	0	0	0	0	0	28	76	104

**MANOR CARE OF LIBERTYVILLE**

1500 SOUTH MILWAUKEE AVENUE

LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010482

Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	50	0	7	10	0	104
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	37	50	0	7	10	0	104

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	287	241
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	104	0	0	0	104

  

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	3.00
Certified Aides	39.00
Other Health Staff	18.00
Non-Health Staff	30.00
Totals	113.00

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
65.8%	14.5%	0.8%	12.9%	6.0%	100.0%		0.0%
9,221,518	2,039,715	109,347	1,808,594	841,778	14,020,952	0	

\*Charity Expense does not include expenses which may be considered a community benefit.





Notes

Mayor Care of Libertyville

Trip to:

**1500 S Milwaukee Ave**

Libertyville, IL 60048-3723

22.09 miles / 39 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **slight left** onto **IL-176.** [Map](#)**12.4 Mi**

12.9 Mi Total

3. Turn **slight right** onto **W Hawley St.** [Map](#)**2.4 Mi**

15.2 Mi Total

4. Turn **right** onto **IL-83 / IL-60.** [Map](#)**2.7 Mi**

18.0 Mi Total

5. Turn **left** onto **Townline Rd / IL-60.** [Map](#)**2.9 Mi**

20.8 Mi Total

6. Turn **left** onto **N Milwaukee Ave / IL-21.** [Map](#)**1.3 Mi**

22.1 Mi Total

7. **1500 S MILWAUKEE AVE** is on the **right.** [Map](#)**1500 S Milwaukee Ave, Libertyville, IL 60048-3723**Total Travel Estimate: **22.09 miles - about 39 minutes**

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MANOR CARE OF ELGIN			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
180 SOUTH STATE STREET ELGIN, IL. 60123			Aggressive/Anti-Social	1	DIAGNOSIS	
<b>Reference Numbers</b> Facility ID 6000277			Chronic Alcoholism	0	Neoplasms	4
Health Service Area 008 Planning Service Area 089			Developmentally Disabled	1	Endocrine/Metabolic	25
<b>Administrator</b>			Drug Addiction	0	Blood Disorders	0
Pam Crenshaw			Medicaid Recipient	0	*Nervous System Non Alzheimer	0
<b>Contact Person and Telephone</b>			Medicare Recipient	0	Alzheimer Disease	3
PAM CRENSHAW			Mental Illness	1	Mental Illness	0
847-742-3310			Non-Ambulatory	0	Developmental Disability	0
<b>Registered Agent Information</b>			Non-Mobile	0	Circulatory System	17
			Public Aid Recipient	0	Respiratory System	19
			Under 65 Years Old	0	Digestive System	2
			Unable to Self-Medicate	0	Genitourinary System Disorders	0
			Ventilator Dependent	1	Skin Disorders	0
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1
			Other Restrictions	0	Injuries and Poisonings	0
			No Restrictions	0	Other Medical Conditions	0
			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
<b>FACILITY OWNERSHIP</b>					TOTALS	71
LIMITED LIABILITY CO					Total Residents Diagnosed as Mentally Ill	0
<b>CONTINUING CARE COMMUNITY</b>						
LIFE CARE FACILITY						

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	74
Nursing Care	88	82	82	81	71	17	88	61	Total Admissions 2010	224
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	227
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	71
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	88	82	82	81	71	17	88	61		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4972	15.5%	18617	83.6%	0	1645	909	0	26143	81.4%	87.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4972	15.5%	18617	83.6%	0	1645	909	0	26143	81.4%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2	
45 to 59	2	3	0	0	0	0	0	0	2	3	5	
60 to 64	1	4	0	0	0	0	0	0	1	4	5	
65 to 74	6	6	0	0	0	0	0	0	6	6	12	
75 to 84	10	13	0	0	0	0	0	0	10	13	23	
85+	7	17	0	0	0	0	0	0	7	17	24	
TOTALS	27	44	0	0	0	0	0	0	27	44	71	

**MANOR CARE OF ELGIN**

180 SOUTH STATE STREET  
ELGIN, IL. 60123

**Reference Numbers** Facility ID 6000277

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	2	4	0	71
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>11</b>	<b>54</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>71</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	254	227
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	64	0	0	0	64
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

  

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	67	0	0	0	67
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>71</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	10.00
Certified Aides	34.00
Other Health Staff	15.00
Non-Health Staff	40.00
<b>Totals</b>	<b>119.00</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay
46.0%	38.9%	3.0%	8.3%	3.8%
2,685,270	2,270,472	177,784	483,800	223,179

TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%		0.0%
5,840,505	259	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

MainCare of Elgin

Trip to:

**180 S State St**

Elgin, IL 60123-6429

16.17 miles / 28 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**15.7 Mi***16.2 Mi Total*3. **180 S STATE ST** is on the **right.** [Map](#)**180 S State St, Elgin, IL 60123-6429****Total Travel Estimate: 16.17 miles - about 28 minutes**

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MAPLEWOOD CARE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
50 NORTH JANE DRIVE			Aggressive/Anti-Social	0	DIAGNOSIS		
ELGIN, IL. 60123			Chronic Alcoholism	0	Neoplasms	1	
Reference Numbers	Facility ID	6004758	Developmentally Disabled	0	Endocrine/Metabolic	35	
Health Service Area	008	Planning Service Area	089	Drug Addiction	0	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	4	
Jamie Lloyd			Medicare Recipient	0	Alzheimer Disease	5	
			Mental Illness	0	Mental Illness	67	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	1	
Niki Mehta			Non-Mobile	0	Circulatory System	23	
847-697-3750			Public Aid Recipient	0	Respiratory System	10	
		Date Completed	Under 65 Years Old	0	Digestive System	3	
Registered Agent Information		2/24/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	5	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	1	
			Other Restrictions	0	Injuries and Poisonings	0	
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	36	
FOR-PROF CORPORATION					Non-Medical Conditions	0	
CONTINUING CARE COMMUNITY	No		Note: Reported restrictions denoted by 'I'			TOTALS	191
LIFE CARE FACILITY	No						
				Total Residents Diagnosed as Mentally Ill		94	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	188
Nursing Care	203	203	198	0	191	12	203	203	Total Admissions 2010	83
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	80
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	191
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	9
<b>TOTAL BEDS</b>	203	203	198	0	191	12	203	203		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1903	2.6%	64166	86.6%	812	117	1355	0	68353	92.3%	92.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	1903	2.6%	64166	86.6%	812	117	1355	0	68353	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	14	4	0	0	0	0	0	0	14	4	18
45 to 59	50	27	0	0	0	0	0	0	50	27	77
60 to 64	18	9	0	0	0	0	0	0	18	9	27
65 to 74	19	22	0	0	0	0	0	0	19	22	41
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	1	6	0	0	0	0	0	0	1	6	7
<b>TOTALS</b>	111	80	0	0	0	0	0	0	111	80	191

## MAPLEWOOD CARE

50 NORTH JANE DRIVE

ELGIN, IL. 60123

Reference Numbers Facility ID 6004758

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	181	0	2	4	0	191
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	4	181	0	2	4	0	191

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	120	120
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl.	0	0	0	0	0
White	174	0	0	0	174
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	177	0	0	0	177
Total	191	0	0	0	191

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	15.00
LPN's	5.00
Certified Aides	57.00
Other Health Staff	19.00
Non-Health Staff	51.00
Totals	149.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.6%	67.8%	1.0%	0.4%	18.2%	100.0%		0.0%
1,086,185	5,858,016	89,832	38,410	1,570,145	8,642,588	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

maplewood Care

Trip to:

**50 N Jane Dr**

Elgin, IL 60123-5118

18.56 miles / 28 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **right** onto **IL-31 S.** [Map](#)**2.6 Mi**

3.1 Mi Total

3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)**2.6 Mi**

5.7 Mi Total

4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)**11.1 Mi**

16.8 Mi Total

5. Turn **left** onto **Highland Ave.** [Map](#)**1.2 Mi**

18.0 Mi Total

6. Turn **right** onto **Thomas More Dr.** [Map](#)**0.2 Mi**

18.2 Mi Total

7. Turn **left** onto **Lin Lor Ln.** [Map](#)**0.2 Mi**

18.4 Mi Total

8. Take the 1st **right** onto **N Jane Dr.** [Map](#)**0.1 Mi**

18.6 Mi Total

**50 N Jane Dr, Elgin, IL 60123-5118****Total Travel Estimate: 18.56 miles - about 28 minutes**

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MERCY HARVARD HOSPITAL			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
901 GRANT STREET			Aggressive/Anti-Social	1	DIAGNOSIS		
HARVARD, IL. 60033			Chronic Alcoholism	1	Neoplasms	2	
Reference Numbers	Facility ID	9111001	Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area 008		Planning Service Area 111	Drug Addiction	1	Blood Disorders	1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Katherine Kus			Medicare Recipient	0	Alzheimer Disease	0	
Mental Illness				1	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
KATHERINE KUS			Non-Mobile	0	Circulatory System	3	
815-943-2967			Public Aid Recipient	0	Respiratory System	2	
Registered Agent Information		Date Completed	Under 65 Years Old	0	Digestive System	0	
		2/11/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	2	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	2	
OTHER NON-PROFIT			No Restrictions	0	Other Medical Conditions	9	
CONTINUING CARE COMMUNITY		No	Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	0
LIFE CARE FACILITY		No				TOTALS	27
			Total Residents Diagnosed as Mentally Ill				0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	24
Nursing Care	45	34	33	34	27	18	34	6	Total Admissions 2010	155
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	152
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	27
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	0
TOTAL BEDS	45	34	33	34	27	18	34	6		

FACILITY UTILIZATION - 2010												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	3619	29.2%	1914	87.4%	0	305	3691	7	9536	58.1%	76.8%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	3619	29.2%	1914	87.4%	0	305	3691	7	9536	58.1%	76.8%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	5	0	0	0	0	0	0	1	5	6	
75 to 84	4	3	0	0	0	0	0	0	4	3	7	
85+	5	9	0	0	0	0	0	0	5	9	14	
TOTALS	10	17	0	0	0	0	0	0	10	17	27	



**MERCY HARVARD HOSPITAL**

901 GRANT STREET

HARVARD, IL. 60033

Reference Numbers Facility ID 9111001

Health Service Area 008 Planning Service Area 111

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	4	0	1	16	0	27
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	6	4	0	1	16	0	27

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	366	183
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	27	0	0	0	27
Race Unknown	0	0	0	0	0
Total	27	0	0	0	27

  

ETHNICITY	Nursing	SklUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	27	0	0	0	27
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.90
LPN's	1.50
Certified Aides	12.97
Other Health Staff	2.00
Non-Health Staff	3.00
Totals	29.37

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.4%	16.9%	0.0%	3.7%	20.9%	100.0%		0.0%
1,423,121	412,605	0	90,394	509,512	2,435,632	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**901 Grant St**

Harvard, IL 60033-1821

23.33 miles / 34 minutes

Notes

Mercy Harvard Hospital Care Center



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)

**2.5 Mi**

2.5 Mi Total



2. Turn **right** onto **US-14 W.** [Map](#)

**20.5 Mi**

23.0 Mi Total



3. Turn **right** onto **E McKinley St.** [Map](#)

**0.3 Mi**

23.3 Mi Total



4. Turn **left** onto **Grant St.** [Map](#)

**0.01 Mi**

23.3 Mi Total



5. **901 GRANT ST** is on the **right.** [Map](#)



**901 Grant St, Harvard, IL 60033-1821**

Total Travel Estimate: **23.33 miles - about 34 minutes**

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PRAIRIEVIEW AT THE GARLANDS		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
6000 GARLANDS LANE		Aggressive/Anti-Social	0	DIAGNOSIS		
BARRINGTON, IL. 60010		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6016158	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 008	Planning Service Area 097	Drug Addiction	0	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0	
Lynn Laystrom		Medicare Recipient	0	Alzheimer Disease	4	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
LYNN LAYSTROM		Non-Ambulatory	0	Developmental Disability	0	
847-852-3500		Non-Mobile	0	Circulatory System	2	
	Date Completed	Public Aid Recipient	0	Respiratory System	1	
Registered Agent Information	2/7/2011	Under 65 Years Old	0	Digestive System	0	
		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0	
LIMITED LIABILITY CO		No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY	Yes	Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	0
LIFE CARE FACILITY	No				TOTALS	12
			Total Residents Diagnosed as Mentally Ill			0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	20	20	14	20	12	8	20	0	Residents on 1/1/2010	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2010	64
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2010	66
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2010	12
TOTAL BEDS	20	20	14	20	12	8	20	0	Identified Offenders	0

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	954	13.1%	0	0.0%	0	34	3383	0	4371	59.9%	59.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	954	13.1%	0	0.0%	0	34	3383	0	4371	59.9%	59.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	2	0	0	0	0	0	0	0	2	2
75 to 84	0	1	0	0	0	0	0	0	0	1	1
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	2	10	0	0	0	0	0	0	2	10	12

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

## PRAIRIEVIEW AT THE GARLANDS

6000 GARLANDS LANE  
BARRINGTON, IL. 60010

Reference Numbers Facility ID 6016158

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	0	0	0	10	0	12
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	2	0	0	0	10	0	12

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	285
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	12	0	0	0	12
Race Unknown	0	0	0	0	0
Total	12	0	0	0	12

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	12	0	0	0	12
Total	12	0	0	0	12

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	26.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.9%	0.0%	0.0%	1.3%	61.9%	100.0%		0.0%
468,363	0	0	15,985	786,088	1,270,436	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Prairieview at the Garlands

Trip to:

**[3464-3498] Garlands Ln**

Barrington, IL 60010

12.05 miles / 21 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**1.4 Mi**

*1.9 Mi Total*



3. Take the **US-14** ramp. [Map](#)

**0.2 Mi**

*2.1 Mi Total*



4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14 E.** [Map](#)

**9.8 Mi**

*11.9 Mi Total*



5. Turn **left** onto **Garlands Ln.** [Map](#)

**0.09 Mi**

*12.0 Mi Total*



6. Take the 1st **right** to stay on **Garlands Ln.** [Map](#)

**0.08 Mi**

*12.1 Mi Total*



**[3464-3498] GARLANDS LN, Barrington, IL 60010**

**Total Travel Estimate: 12.05 miles - about 21 minutes**

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ROSEWOOD CARE CENTER OF ELGIN			ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
2355 ROYAL BOULEVARD			Aggressive/Anti-Social	DIAGNOSIS
ELGIN, IL. 60123			Chronic Alcoholism	Neoplasms
<b>Reference Numbers</b> Facility ID 6014237			Developmentally Disabled	Endocrine/Metabolic
Health Service Area 008 Planning Service Area 089			Drug Addiction	Blood Disorders
<b>Administrator</b>			Medicaid Recipient	*Nervous System Non Alzheimer
Peggy Aschenbrenner			Medicare Recipient	Alzheimer Disease
<b>Contact Person and Telephone</b>			Mental Illness	Mental Illness
JAN POELKER			Non-Ambulatory	Developmental Disability
314-994-9070, ext. 9025			Non-Mobile	Circulatory System
<b>Registered Agent Information</b>			Public Aid Recipient	Respiratory System
Dan Maher			Under 65 Years Old	Digestive System
412 E. Lawrence			Unable to Self-Medicate	Genitourinary System Disorders
Springfield, IL 62703			Ventilator Dependent	Skin Disorders
<b>FACILITY OWNERSHIP</b>			Infectious Disease w/ Isolation	Musculo-skeletal Disorders
FOR-PROF CORPORATION			Other Restrictions	Injuries and Poisonings
<b>CONTINUING CARE COMMUNITY</b>			No Restrictions	Other Medical Conditions
LIFE CARE FACILITY			<i>Note: Reported restrictions denoted by 'I'</i>	
			TOTALS	
			Total Residents Diagnosed as Mentally Ill	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	139	139	122	139	114	25	48	41	Total Admissions 2010	111
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	535
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	532
Sheltered Care	0	0	0	0	0	0			Identified Offenders	114
TOTAL BEDS	139	139	122	139	114	25	48	41		0

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	9662	55.1%	13001	86.9%	0	689	16646	0	39998	78.8%	78.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	9662	55.1%	13001	86.9%	0	689	16646	0	39998	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	12	30	0	0	0	0	0	0	12	30	42
85+	9	54	0	0	0	0	0	0	9	54	63
TOTALS	23	91	0	0	0	0	0	0	23	91	114

## ROSEWOOD CARE CENTER OF ELGIN

2355 ROYAL BOULEVARD

ELGIN, IL. 60123

Reference Numbers Facility ID 6014237

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	35	0	3	45	0	114
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	31	35	0	3	45	0	114

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	166	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
Total	114	0	0	0	114

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	111	0	0	0	111
Total	114	0	0	0	114

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	11.00
Non-Health Staff	45.00
Totals	135.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
43.5%	17.0%	0.0%	3.1%	36.3%	100.0%		0.0%
3,970,232	1,552,815	0	282,629	3,313,213	9,118,889	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**2355 Royal Blvd**

Elgin, IL 60123-4716

16.68 miles / 23 minutes

## Notes

Rosewood Care Center Elgin

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**2.6 Mi***3.1 Mi Total*3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)**2.6 Mi***5.7 Mi Total*4. James R Rakow Rd becomes **Randall Rd.** [Map](#)**10.7 Mi***16.4 Mi Total*5. Turn **left** onto **Royal Blvd.** [Map](#)**0.2 Mi***16.7 Mi Total***2355 Royal Blvd, Elgin, IL 60123-4716****Total Travel Estimate: 16.68 miles - about 23 minutes**

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ROSEWOOD CARE CENTER INVERNESS			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
1800 COLONIAL PARKWAY INVERNESS, IL. 60067			Aggressive/Anti-Social	0	DIAGNOSIS	
<b>Reference Numbers</b> Facility ID 6014633			Chronic Alcoholism	0	Neoplasms	4
Health Service Area 007 Planning Service Area 701			Developmentally Disabled	0	Endocrine/Metabolic	3
<b>Administrator</b>			Drug Addiction	1	Blood Disorders	0
Patrick DiPaolo			Medicaid Recipient	0	*Nervous System Non Alzheimer	4
<b>Contact Person and Telephone</b>			Medicare Recipient	0	Alzheimer Disease	0
JAN POELKER			Mental Illness	0	Mental Illness	0
314-994-9070, ext 3025			Non-Ambulatory	0	Developmental Disability	0
<b>Registered Agent Information</b>			Non-Mobile	0	Circulatory System	11
Dan Maher			Public Aid Recipient	0	Respiratory System	15
412 E. Lawrence			Under 65 Years Old	0	Digestive System	12
Springfield, IL 62703			Unable to Self-Medicate	0	Genitourinary System Disorders	13
<b>FACILITY OWNERSHIP</b>			Ventilator Dependent	1	Skin Disorders	3
FOR-PROF CORPORATION			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11
<b>CONTINUING CARE COMMUNITY</b>			Other Restrictions	0	Injuries and Poisonings	16
LIFE CARE FACILITY			No Restrictions	0	Other Medical Conditions	0
			<i>Note: Reported restrictions denoted by 'I'</i>		Non-Medical Conditions	0
					TOTALS	92
					Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	142	142	112	142	92	50	48	39	Total Admissions 2010	79
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	545
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	532
Sheltered Care	0	0	0	0	0	0			Identified Offenders	92
TOTAL BEDS	142	142	112	142	92	50	48	39		0

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8786	50.1%	10676	75.0%	0	756	13868	0	34086	65.8%	65.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8786	50.1%	10676	75.0%	0	756	13868	0	34086	65.8%	65.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	23	69	0	0	0	0	0	0	23	69	92

## ROSEWOOD CARE CENTER INVERNESS

1800 COLONIAL PARKWAY

INVERNESS, IL. 60067

Reference Numbers Facility ID 6014633

Health Service Area 007 Planning Service Area 701

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	26	0	1	43	92
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	22	26	0	1	43	92

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	136
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	92	0	0	0	92

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	92	0	0	0	92
Total	92	0	0	0	92

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	8.00
Non-Health Staff	42.00
Totals	127.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay
49.0%	13.6%	0.0%	2.9%	34.6%
3,916,728	1,085,832	0	227,882	2,763,592

TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%		0.0%
7,994,034	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Rosewood Care Center Inverness

Trip to:

**1800 W Colonial Pkwy**

Inverness, IL 60067-1216

19.63 miles / 30 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**5.8 Mi***6.3 Mi Total*3. Turn **left** onto **Algonquin Rd / IL-62.** [Map](#)**12.9 Mi***19.1 Mi Total*4. Turn **left** onto **S Roselle Rd.** [Map](#)**0.4 Mi***19.5 Mi Total*5. Turn **left** onto **W Colonial Pky.** [Map](#)**0.1 Mi***19.6 Mi Total*6. **1800 W COLONIAL PKWY.** [Map](#)**1800 W Colonial Pkwy, Inverness, IL 60067-1216****Total Travel Estimate: 19.63 miles - about 30 minutes**

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The Health Center at Sedgebrook			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
960 AUDUBON WAY			Aggressive/Anti-Social	0	DIAGNOSIS		
LINCOLNSHIRE, IL. 60069			Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID	6016356	Developmentally Disabled	1	Endocrine/Metabolic	0	
Health Service Area 008		Planning Service Area 097	Drug Addiction	0	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	1	
Denise Dale			Medicare Recipient	0	Alzheimer Disease	11	
Contact Person and Telephone			Mental Illness	1	Mental Illness	0	
Denise Dale			Non-Ambulatory	0	Developmental Disability	0	
847/876-2405			Non-Mobile	0	Circulatory System	4	
			Public Aid Recipient	0	Respiratory System	3	
Registered Agent Information		Date Completed	Under 65 Years Old	0	Digestive System	0	
		3/1/2011	Unable to Self-Medicare	0	Genitourinary System Disorders	0	
			Ventilator Dependent	1	Skin Disorders	0	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
FACILITY OWNERSHIP			Other Restrictions	0	Injuries and Poisonings	0	
LIMITED LIABILITY CO			No Restrictions	0	Other Medical Conditions	0	
CONTINUING CARE COMMUNITY		Yes	Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	0
LIFE CARE FACILITY		Yes				TOTALS	23
			Total Residents Diagnosed as Mentally Ill				0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	15
Nursing Care	44	44	25	44	23	21	44	2	Total Admissions 2010	201
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	193
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	23
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	0
<b>TOTAL BEDS</b>	<b>44</b>	<b>44</b>	<b>25</b>	<b>44</b>	<b>23</b>	<b>21</b>	<b>44</b>	<b>2</b>		

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4363	27.2%	0	0.0%	0	415	4167	0	8945	55.7%	55.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>4363</b>	<b>27.2%</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>415</b>	<b>4167</b>	<b>0</b>	<b>8945</b>	<b>55.7%</b>	<b>55.7%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	7	0	0	0	0	0	0	2	7	9
<b>TOTALS</b>	<b>6</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>17</b>	<b>23</b>

**The Health Center at Sedgebrook**

960 AUDUBON WAY

LINCOLNSHIRE, IL. 60069

**Reference Numbers** Facility ID 6016356

Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	0	0	0	15	0	23
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
<b>TOTALS</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>23</b>

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	299	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	23	0	0	0	23
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	0	23
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.80
Director of Nursing	1.00
Registered Nurses	5.60
LPN's	2.80
Certified Aides	22.40
Other Health Staff	5.00
Non-Health Staff	12.70
<b>Totals</b>	<b>51.30</b>

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
63.4%	0.0%	0.0%	7.6%	29.0%	100.0%		0.0%
421,394	0	0	50,446	192,463	664,303	0	

\*Charity Expense does not include expenses which may be considered a community benefit.

**FACILITY NOTES**

CHOW 11/19/2010 Change of ownership occurred.

Name Change 11/19/2010 Name changed from Renaissance Gardens Sedgebrook.



Trip to:

**960 Audubon Way**

Lincolnshire, IL 60069-3886

22.51 miles / 39 minutes

Notes

Sedgebrook Health Center



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**

1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**1.4 Mi**

*1.9 Mi Total*



3. Take the **US-14** ramp. [Map](#)

**0.2 Mi**

*2.1 Mi Total*



4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14.** [Map](#)

**4.8 Mi**

*6.9 Mi Total*



5. Turn **left** onto **IL-22 E.** [Map](#)

**14.5 Mi**

*21.4 Mi Total*



6. Turn **right** onto **Milwaukee Ave / US-45 / IL-21.** [Map](#)

**1.0 Mi**

*22.4 Mi Total*



7. Turn **left** onto **Audubon Way.** [Map](#)

**0.06 Mi**

*22.4 Mi Total*



8. Turn **right** to stay on **Audubon Way.** [Map](#)

**0.08 Mi**

*22.5 Mi Total*



9. **960 AUDUBON WAY** is on the right. [Map](#)



**960 Audubon Way, Lincolnshire, IL 60069-3886**

**Total Travel Estimate: 22.51 miles - about 39 minutes**

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SHELTERING OAK		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
P.O. BOX 367		Aggressive/Anti-Social	1	DIAGNOSIS	
ISLAND LAKE, IL. 60042		Chronic Alcoholism	1	Neoplasms	0
Reference Numbers	Facility ID 6008585	Developmentally Disabled	1	Endocrine/Metabolic	0
Health Service Area 008	Planning Service Area 097	Drug Addiction	1	Blood Disorders	0
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	0
Joseph Agnello		Medicare Recipient	1	Alzheimer Disease	0
Contact Person and Telephone		Mental Illness	0	Mental Illness	61
JOE AGNELLO		Non-Ambulatory	1	Developmental Disability	1
847-526-3636		Non-Mobile	0	Circulatory System	0
	Date Completed	Public Aid Recipient	0	Respiratory System	0
Registered Agent Information	2/11/2011	Under 65 Years Old	0	Digestive System	0
John Verchota		Unable to Self-Medicare	0	Genitourinary System Disorders	0
444 N. Route 31, Suite 104		Ventilator Dependent	1	Skin Disorders	0
Crystal Lake, IL 60012		Infectious Disease w/ Isolation	1	Musculo-skeletal Disorders	0
FACILITY OWNERSHIP		Other Restrictions	0	Injuries and Poisonings	0
FOR-PROF CORPORATION		No Restrictions	0	Other Medical Conditions	0
CONTINUING CARE COMMUNITY	No	Note: Reported restrictions denoted by 'I'		Non-Medical Conditions	0
LIFE CARE FACILITY	No			TOTALS	62
				Total Residents Diagnosed as Mentally Ill	61

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		Residents on 1/1/2010	69
Nursing Care	70	70	69	69	62	8	0	70	Total Admissions 2010	14
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2010	21
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2010	62
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	2
TOTAL BEDS	70	70	69	69	62	8	0	70		

**FACILITY UTILIZATION - 2010**  
**BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds		Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	0	0.0%	23169	90.7%	0	0	206	0	23375	91.5%	91.5%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	0	0.0%	23169	90.7%	0	0	206	0	23375	91.5%	91.5%	

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010**

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	1	0	0	0	0	0	0	2	1	3
45 to 59	15	9	0	0	0	0	0	0	15	9	24
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	33	29	0	0	0	0	0	0	33	29	62

Source: Long-Term Care Facility Questionnaire for 2010, Illinois Department of Public Health, Health Systems Development

8/11/2011

**SHELTERING OAK**

P.O. BOX 367

ISLAND LAKE, IL. 60042

Reference Numbers Facility ID 6008585

Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	61	0	0	1	0	62
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	61	0	0	1	0	62

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	105	100
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	1	0	0	0	1
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	61	0	0	0	61
Race Unknown	0	0	0	0	0
Total	62	0	0	0	62

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	0	62

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.60
LPN's	2.60
Certified Aides	11.20
Other Health Staff	6.00
Non-Health Staff	10.50
Totals	36.90

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		0.0%
0	2,257,731	0	0	0	2,257,731	0	

\*Charity Expense does not include expenses which may be considered a community benefit.





Trip to:

**27888 N Beech St**

Island Lake, IL 60042-8402

6.72 miles / 11 minutes

Notes

Sheltering Oak

**Terra Cotta Rd & IL Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **slight left** onto **IL-176.** [Map](#)**6.0 Mi***6.5 Mi Total*3. Turn **right** onto **Beech St.** [Map](#)**0.2 Mi***6.7 Mi Total***27888 N Beech St, Island Lake, IL 60042-8402****Total Travel Estimate: 6.72 miles - about 11 minutes**

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SHERMAN WEST COURT			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1950 LARKIN AVENUE			Aggressive/Anti-Social	1	DIAGNOSIS		
ELGIN, IL. 60123			Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID	6012827	Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area	008	Planning Service Area	089	Drug Addiction	Blood Disorders	0	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	6	
JOSEPH MCMANUS			Medicare Recipient	0	Alzheimer Disease	0	
			Mental Illness	1	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
MARY LARIVIERE			Non-Mobile	0	Circulatory System	9	
224-783-5289			Public Aid Recipient	0	Respiratory System	4	
Registered Agent Information	Date Completed		Under 65 Years Old	0	Digestive System	2	
	2/28/2011		Unable to Self-Medicate	0	Genitourinary System Disorders	0	
			Ventilator Dependent	1	Skin Disorders	1	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	24	
			Other Restrictions	0	Injuries and Poisonings	2	
			No Restrictions	0	Other Medical Conditions	38	
FACILITY OWNERSHIP			Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	0
NON-PROF CORPORATION						TOTALS	87
CONTINUING CARE COMMUNITY	No					Total Residents Diagnosed as Mentally Ill	0
LIFE CARE FACILITY	No						

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	75
Nursing Care	112	112	102	112	87	25	54	20	Total Admissions 2010	647
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	635
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	87
Sheltered Care	0	0	0	0	0	0			Identified Offenders	1
TOTAL BEDS	112	112	102	112	87	25	54	20		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13499	68.5%	2372	32.5%	0	1804	12411	10	30096	73.6%	73.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	13499	68.5%	2372	32.5%	0	1804	12411	10	30096	73.6%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	3	0	0	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	22	65	0	0	0	0	0	0	22	65	87

**SHERMAN WEST COURT**

1950 LARKIN AVENUE

ELGIN, IL. 60123

Reference Numbers Facility ID 6012827

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	7	0	8	33	0	87
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	39	7	0	8	33	0	87

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	171
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	87	0	0	0	87

  

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	0	87

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	2.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	39.00
Totals	87.00

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay
58.0%	3.6%	0.0%	6.9%	31.5%
5,434,190	338,563	0	649,288	2,951,916

TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%		0.1%
9,373,957	9,033	

\*Charity Expense does not include expenses which may be considered a community benefit.

**FACILITY NOTES**

Bed Change 8/1/2010 Facility discontinued 8 nursing care beds; facility now has 112 nursing care beds.



Notes

Shorman West Cart

Trip to:

**1950 Larkin Ave**

Elgin, IL 60123-5843

18.64 miles / 27 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **right** onto **IL-31 S.** [Map](#)

**2.6 Mi**

*3.1 Mi Total*



3. Turn **right** onto **James R Rakow Rd / CR-A45**. Continue to follow **James R Rakow Rd.** [Map](#)

**2.6 Mi**

*5.7 Mi Total*



4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)

**12.0 Mi**

*17.7 Mi Total*



5. Turn **left** onto **Foothill Rd.** [Map](#)

**0.7 Mi**

*18.4 Mi Total*



6. Turn **right** onto **N Airlite St.** [Map](#)

**0.02 Mi**

*18.4 Mi Total*



7. Take the 1st **left** onto **Larkin Ave.** [Map](#)

**0.2 Mi**

*18.6 Mi Total*



**1950 Larkin Ave, Elgin, IL 60123-5843**

**Total Travel Estimate: 18.64 miles - about 27 minutes**

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## SOUTH ELGIN REHAB &amp; HLTHCARE CT

746 SPRING STREET  
SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718  
Health Service Area 008 Planning Service Area 089

Administrator  
MARY KARSON

Contact Person and Telephone  
MARY KARSON  
847-697-0565

## Registered Agent Information

Marikay L. Snyder  
830 West Trailcreek Drive  
Peoria, IL 61614

## FACILITY OWNERSHIP

LIMITED LIABILITY CO

## CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

## ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0  
Chronic Alcoholism 0  
Developmentally Disabled 0  
Drug Addiction 0  
Medicaid Recipient 0  
Medicare Recipient 0  
Mental Illness 0  
Non-Ambulatory 0  
Non-Mobile 0  
Public Aid Recipient 0  
Under 65 Years Old 0  
Unable to Self-Medicate 0  
Ventilator Dependent 1  
Infectious Disease w/ Isolation 0  
Other Restrictions 1  
No Restrictions 0

Date  
Completed  
2/18/2011

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS  
Neoplasms 0  
Endocrine/Metabolic 4  
Blood Disorders 0  
\*Nervous System Non Alzheimer 7  
Alzheimer Disease 18  
Mental Illness 0  
Developmental Disability 2  
Circulatory System 11  
Respiratory System 0  
Digestive System 2  
Genitourinary System Disorders 0  
Skin Disorders 2  
Musculo-skeletal Disorders 13  
Injuries and Poisonings 0  
Other Medical Conditions 5  
Non-Medical Conditions 0  
TOTALS 64

Note: Reported restrictions denoted by '1'

Total Residents Diagnosed as Mentally Ill 4

## LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

## ADMISSIONS AND DISCHARGES - 2010

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	
Nursing Care	90	80	67	80	64	26	14	90	57
Skilled Under 22	0	0	0	0	0	0	0	0	77
Intermediate DD	0	0	0	0	0	0	0	0	70
Sheltered Care	0	0	0	0	0	0	0	0	64
TOTAL BEDS	90	80	67	80	64	26	14	90	Identified Offenders 4

## FACILITY UTILIZATION - 2010

## BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2175	42.6%	15154	46.1%	497	163	2610	0	20599	62.7%	70.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	2175	42.6%	15154	46.1%	497	163	2610	0	20599	62.7%	70.5%

## RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	3	0	0	0	0	0	0	0	3	0	3
45 to 59	13	7	0	0	0	0	0	0	13	7	20
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	3	1	0	0	0	0	0	0	3	1	4
75 to 84	7	6	0	0	0	0	0	0	7	6	13
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	33	31	0	0	0	0	0	0	33	31	64

**SOUTH ELGIN REHAB & HLTHCARE CT**

746 SPRING STREET

SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6008718

Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	44	1	3	11	0	64
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	5	44	1	3	11	0	64

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	138
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	56	0	0	0	56
Race Unknown	0	0	0	0	0
Total	64	0	0	0	64

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	0	0	0	0	0
Total	64	0	0	0	64

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	1.00
Certified Aides	11.00
Other Health Staff	1.00
Non-Health Staff	13.00
Totals	35.00

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.7%	48.7%	0.0%	2.0%	8.6%	100.0%		0.0%
1,790,902	2,142,595	0	88,534	380,710	4,402,741	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

South Elgin Rehab &amp; Health Care Center

Trip to:

**746 W Spring St**

South Elgin, IL 60177-1424

22.13 miles / 32 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **right** onto **IL-31 S.** [Map](#)**2.6 Mi**

3.1 Mi Total

3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)**2.6 Mi**

5.7 Mi Total

4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)**14.8 Mi**

20.5 Mi Total

5. Turn **sharp left** onto **Hopps Rd.** [Map](#)**0.5 Mi**

21.0 Mi Total

6. **Hopps Rd** becomes **W Spring St.** [Map](#)**1.1 Mi**

22.1 Mi Total

7. **746 W SPRING ST** is on the **left.** [Map](#)**746 W Spring St, South Elgin, IL 60177-1424****Total Travel Estimate: 22.13 miles - about 32 minutes**

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VILLAGE AT VICTORY LAKES, THE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1055 EAST GRAND AVENUE			Aggressive/Anti-Social	1	DIAGNOSIS		
LINDENHURST, IL. 60046			Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID	6011332	Developmentally Disabled	0	Endocrine/Metabolic	1	
Health Service Area	008	Planning Service Area	097	Drug Addiction	Blood Disorders	3	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
THOMAS SKIRVEN			Medicare Recipient	0	Alzheimer Disease	5	
			Mental Illness	0	Mental Illness	7	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
FRANCES LACHOWICZ			Non-Mobile	0	Circulatory System	16	
847-356-5900			Public Aid Recipient	0	Respiratory System	9	
Registered Agent Information	Date Completed		Under 65 Years Old	0	Digestive System	0	
	2/28/2011		Unable to Self-Medicate	0	Genitourinary System Disorders	6	
			Ventilator Dependent	1	Skin Disorders	2	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	4	
			Other Restrictions	0	Injuries and Poisonings	1	
			No Restrictions	0	Other Medical Conditions	41	
FACILITY OWNERSHIP			Note: Reported restrictions denoted by 'I'			Non-Medical Conditions	1
NON-PROF CORPORATION						TOTALS	98
CONTINUING CARE COMMUNITY	No					Total Residents Diagnosed as Mentally Ill	7
LIFE CARE FACILITY	No						

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	77
Nursing Care	120	120	110	120	98	22	120	24	Total Admissions 2010	812
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	791
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	98
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	120	120	110	120	98	22	120	24		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16332	37.3%	5385	61.5%	0	1003	16162	0	38882	88.8%	88.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	16332	37.3%	5385	61.5%	0	1003	16162	0	38882	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	0	0	0	3	3
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	11	23	0	0	0	0	0	0	11	23	34
85+	12	33	0	0	0	0	0	0	12	33	45
TOTALS	33	65	0	0	0	0	0	0	33	65	98



## VILLAGE AT VICTORY LAKES, THE

1055 EAST GRAND AVENUE

LINDENHURST, IL. 60046

Reference Numbers Facility ID 6011332

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	45	12	0	4	37	0	98
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	45	12	0	4	37	0	98

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	323	242
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	95	0	0	0	95
Race Unknown	0	0	0	0	0
Total	98	0	0	0	98

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	98	0	0	0	98

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	5.00
Certified Aides	44.00
Other Health Staff	15.00
Non-Health Staff	25.00
Totals	109.20

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
53.0%	2.6%	0.0%	5.7%	38.7%	100.0%		0.0%
5,226,469	260,345	0	559,813	3,814,978	9,861,605	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Trip to:

**1055 E Grand Ave**

Lindenhurst, IL 60046-9007

22.76 miles / 39 minutes

Notes

The Village at Victory Lakes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **slight left** onto **IL-176.** [Map](#)**4.9 Mi***5.4 Mi Total*3. Turn **left** onto **S River Rd / CR-V45.** [Map](#)**0.2 Mi***5.6 Mi Total*4. Take the 1st **right** onto **W Burnett Rd.** [Map](#)**1.6 Mi***7.2 Mi Total*5. Turn **left** onto **N Darrell Rd / Darrell Rd.** Continue to follow **N Darrell Rd.** [Map](#)**1.0 Mi***8.2 Mi Total*6. Take the 1st **right** onto **W Case Rd.** [Map](#)**1.0 Mi***9.2 Mi Total*7. Turn **left** onto **US-12 W / IL-59 N.** Continue to follow **IL-59 N.** [Map](#)**10.0 Mi***19.2 Mi Total*8. Turn **right** onto **IL-132.** [Map](#)**3.6 Mi***22.8 Mi Total***1055 E Grand Ave, Lindenhurst, IL 60046-9007****Total Travel Estimate: 22.76 miles - about 39 minutes**

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THE WEALSHIRE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
150 JAMESTOWN LANE		Aggressive/Anti-Social	0	DIAGNOSIS	
LINCOLNSHIRE, IL. 60069		Chronic Alcoholism	0	Neoplasms	2
Reference Numbers	Facility ID 6014377	Developmentally Disabled	0	Endocrine/Metabolic	3
Health Service Area 008	Planning Service Area 097	Drug Addiction	1	Blood Disorders	2
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	1
Jennifer Bebinger		Medicare Recipient	0	Alzheimer Disease	26
Contact Person and Telephone		Mental Illness	0	Mental Illness	0
JENNIFER BEBINGER		Non-Ambulatory	0	Developmental Disability	0
847-883-9000		Non-Mobile	0	Circulatory System	17
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	5
Mr. Lawrence Freedman	2/24/2011	Under 65 Years Old	0	Digestive System	3
77 West Washington Street, Suite 1211		Unable to Self-Medicate	0	Genitourinary System Disorders	0
Chicago, IL 60602		Ventilator Dependent	1	Skin Disorders	0
FACILITY OWNERSHIP		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	67
LIMITED PARTNERSHIP		Other Restrictions	0	Injuries and Poisonings	1
		No Restrictions	0	Other Medical Conditions	3
CONTINUING CARE COMMUNITY	No	Note: Reported restrictions denoted by 'I'		Non-Medical Conditions	0
LIFE CARE FACILITY	No			TOTALS	130
				Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	116
Nursing Care	144	144	144	144	130	14	76	35	Total Admissions 2010	464
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	450
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	130
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	144	144	144	144	130	14	76	35		

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	17688	63.8%	6986	54.7%	0	2427	17620	0	44721	85.1%	85.1%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17688	63.8%	6986	54.7%	0	2427	17620	0	44721	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	12	41	0	0	0	0	0	0	12	41	53
85+	12	40	0	0	0	0	0	0	12	40	52
TOTALS	31	99	0	0	0	0	0	0	31	99	130

## THE WEALSHIRE

150 JAMESTOWN LANE  
LINCOLNSHIRE, IL. 60069

Reference Numbers Facility ID 6014377

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	57	21	0	1	51	0	130
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	57	21	0	1	51	0	130

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	210
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	130	0	0	0	130

  

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	130	0	0	0	130
Ethnicity Unknown	0	0	0	0	0
Total	130	0	0	0	130

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	11.00
Certified Aides	78.00
Other Health Staff	6.00
Non-Health Staff	31.00
Totals	149.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
60.2%	6.7%	0.0%	6.9%	26.3%	100.0%		0.0%
8,843,376	981,157	0	1,016,055	3,860,409	14,700,997	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

The Wealshire

Trip to:

**150 Jamestown Ln**

Lincolnshire, IL 60069-2119

22.04 miles / 38 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi**

0.5 Mi Total

2. Turn **right** onto **IL-31 S.** [Map](#)**1.4 Mi**

1.9 Mi Total

3. Take the **US-14** ramp. [Map](#)**0.2 Mi**

2.1 Mi Total

4. Turn **left** onto **US-14 / Northwest Hwy.** Continue to follow **US-14.** [Map](#)**4.8 Mi**

6.9 Mi Total

5. Turn **left** onto **IL-22 E.** [Map](#)**14.5 Mi**

21.4 Mi Total

6. Turn **left** onto **Milwaukee Ave / US-45 / IL-21.** Continue to follow **Milwaukee Ave / IL-21.** [Map](#)**0.6 Mi**

22.0 Mi Total

7. Turn **right** onto **Jamestown Ln.** [Map](#)**0.08 Mi**

22.0 Mi Total

8. **150 JAMESTOWN LN** is on the **right.** [Map](#)**150 Jamestown Ln, Lincolnshire, IL 60069-2119****Total Travel Estimate: 22.04 miles - about 38 minutes**

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TOWER HILL HEALTHCARE CENTER			ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
759 KANE STREET			Aggressive/Anti-Social	DIAGNOSIS
SOUTH ELGIN, IL. 60177			Chronic Alcoholism	Neoplasms
Reference Numbers Facility ID 6003263			Developmentally Disabled	Endocrine/Metabolic
Health Service Area 008 Planning Service Area 089			Drug Addiction	Blood Disorders
Administrator			Medicaid Recipient	*Nervous System Non Alzheimer
JEREMY AMSTER			Medicare Recipient	Alzheimer Disease
Contact Person and Telephone			Mental Illness	Mental Illness
CHERYL CARL			Non-Ambulatory	Developmental Disability
847-982-2300			Non-Mobile	Circulatory System
Registered Agent Information			Public Aid Recipient	Respiratory System
SHELDON WOLFE			Under 65 Years Old	Digestive System
7434 SKOKIE BLVD			Unable to Self-Medicate	Genitourinary System Disorders
SKOKIE, IL 60077			Ventilator Dependent	Skin Disorders
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	Musculo-skeletal Disorders
LIMITED LIABILITY CO			Other Restrictions	Injuries and Poisonings
CONTINUING CARE COMMUNITY			No Restrictions	Other Medical Conditions
LIFE CARE FACILITY			Note: Reported restrictions denoted by 'I'	
			TOTALS	
			Total Residents Diagnosed as Mentally Ill	

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010
Nursing Care	206	206	194	206	182	24	206	206	191
Skilled Under 22	0	0	0	0	0	0		0	134
Intermediate DD	0	0	0	0	0	0		0	143
Sheltered Care	0	0	0	0	0	0		0	182
TOTAL BEDS	206	206	194	206	182	24	206	206	Identified Offenders

FACILITY UTILIZATION - 2010												
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	6835	9.1%	52013	69.2%	0	0	9889	0	68737	91.4%	91.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
TOTALS	6835	9.1%	52013	69.2%	0	0	9889	0	68737	91.4%	91.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	0	0	0	0	0	0	0	0	0	0	0	
60 to 64	0	4	0	0	0	0	0	0	0	4	4	
65 to 74	7	16	0	0	0	0	0	0	7	16	23	
75 to 84	18	41	0	0	0	0	0	0	18	41	59	
85+	21	75	0	0	0	0	0	0	21	75	96	
TOTALS	46	136	0	0	0	0	0	0	46	136	182	

## TOWER HILL HEALTHCARE CENTER

759 KANE STREET

SOUTH ELGIN, IL. 60177

Reference Numbers Facility ID 6003263

Health Service Area 008 Planning Service Area 089

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	138	0	0	22	0	182
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	22	138	0	0	22	0	182

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	160
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	6	0	0	0	6
Hawaiian/Pac. Isl.	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	182	0	0	0	182

  

ETHNICITY	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	172	0	0	0	172
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	14.00
Certified Aides	85.00
Other Health Staff	2.00
Non-Health Staff	76.00
Totals	204.00

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
26.9%	60.1%	0.0%	0.0%	13.0%	100.0%		0.0%
2,884,904	6,446,800	0	0	1,389,367	10,721,071	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Tower Hill Healthcare Center

Trip to:

**759 Kane St**

South Elgin, IL 60177-1418

21.86 miles / 32 minutes

**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)**0.5 Mi***0.5 Mi Total*2. Turn **right** onto **IL-31 S.** [Map](#)**2.6 Mi***3.1 Mi Total*3. Turn **right** onto **James R Rakow Rd / CR-A45.** Continue to follow **James R Rakow Rd.** [Map](#)**2.6 Mi***5.7 Mi Total*4. **James R Rakow Rd** becomes **Randall Rd.** [Map](#)**14.0 Mi***19.7 Mi Total*5. Turn **left** onto **Bowes Rd / CR-17.** [Map](#)**1.1 Mi***20.8 Mi Total*6. Turn **right** onto **N McLean Blvd.** [Map](#)**0.6 Mi***21.3 Mi Total*7. Turn **left** onto **Kane St.** [Map](#)**0.5 Mi***21.9 Mi Total*8. **759 KANE ST** is on the **right.** [Map](#)**759 Kane St, South Elgin, IL 60177-1418****Total Travel Estimate: 21.86 miles - about 32 minutes**

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VALLEY HI NURSING HOME			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
2406 HARTLAND ROAD			Aggressive/Anti-Social	1	DIAGNOSIS	
WOODSTOCK, IL. 60098			Chronic Alcoholism	1	Neoplasms	1
Reference Numbers	Facility ID	6009542	Developmentally Disabled	0	Endocrine/Metabolic	4
Health Service Area 008		Planning Service Area 111	Drug Addiction	1	Blood Disorders	0
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	6
THOMAS ANNARELLA			Medicare Recipient	0	Alzheimer Disease	5
Contact Person and Telephone			Mental Illness	1	Mental Illness	2
SHELLY LUNSFORD			Non-Ambulatory	0	Developmental Disability	0
815-334-2808			Non-Mobile	0	Circulatory System	30
		Date	Public Aid Recipient	0	Respiratory System	4
Registered Agent Information		Completed	Under 65 Years Old	0	Digestive System	2
		3/1/2011	Unable to Self-Medicare	0	Genitourinary System Disorders	0
			Ventilator Dependent	1	Skin Disorders	1
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5
			Other Restrictions	0	Injuries and Poisonings	9
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	24
COUNTY					Non-Medical Conditions	32
CONTINUING CARE COMMUNITY		No	Note: Reported restrictions denoted by '1'		TOTALS	125
LIFE CARE FACILITY		No				
					Total Residents Diagnosed as Mentally Ill	74

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	123
Nursing Care	128	128	128	128	125	3	128	128	Total Admissions 2010	54
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	52
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	125
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	128	128	128	128	125	3	128	128		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days		
Nursing Care	4054	8.7%	29815	63.8%	2426	0	8691	0	44986	96.3%	96.3%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	4054	8.7%	29815	63.8%	2426	0	8691	0	44986	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	4	25	0	0	0	0	0	0	4	25	29
85+	5	83	0	0	0	0	0	0	5	83	88
TOTALS	12	113	0	0	0	0	0	0	12	113	125

## VALLEY HI NURSING HOME

2406 HARTLAND ROAD  
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6009542

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	71	8	0	36	125
Skilled Under 22	0	0	0	0	0	0
ICF/DD		0	0	0	0	0
Sheltered Care			0	0	0	0
TOTALS	10	71	8	0	36	125

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	122	0	0	0	122
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.40
LPN's	8.43
Certified Aides	50.25
Other Health Staff	4.73
Non-Health Staff	47.84
Totals	132.65

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.4%	53.0%	3.8%	0.0%	18.8%	100.0%		0.0%
2,074,855	4,498,902	319,573	0	1,594,722	8,488,054	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Valley Hi Nursing Home

Trip to:

**2406 Hartland Rd**

Woodstock, IL 60098-9763

15.76 miles / 22 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)

**2.5 Mi**

*2.5 Mi Total*



2. Turn **right** onto **US-14 W.** [Map](#)

**11.8 Mi**

*14.3 Mi Total*



3. Turn **right** onto **Hartland Rd / CR-T68.** [Map](#)

**1.5 Mi**

*15.8 Mi Total*



**2406 Hartland Rd, Woodstock, IL 60098-9763**

**Total Travel Estimate: 15.76 miles - about 22 minutes**

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WAUCONDA HEALTHCARE CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
176 THOMAS COURT			Aggressive/Anti-Social	1	DIAGNOSIS		
WAUCONDA, IL. 60084			Chronic Alcoholism	1	Neoplasms	7	
Reference Numbers	Facility ID	6009435	Developmentally Disabled	1	Endocrine/Metabolic	11	
Health Service Area	008	Planning Service Area	097	Drug Addiction	1	Blood Disorders	3
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	17	
Margaret Ryan			Medicare Recipient	0	Alzheimer Disease	17	
			Mental Illness	1	Mental Illness	0	
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0	
MARGARET RYAN			Non-Mobile	0	Circulatory System	43	
847-526-5551	Date		Public Aid Recipient	0	Respiratory System	5	
	Completed		Under 65 Years Old	0	Digestive System	0	
Registered Agent Information	2/24/2011		Unable to Self-Medicate	0	Genitourinary System Disorders	7	
Christopher Vicere			Ventilator Dependent	1	Skin Disorders	0	
5061 N. Pulaski			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	5	
Chicago, IL 60031			Other Restrictions	0	Injuries and Poisonings	6	
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	4	
LIMITED LIABILITY CO						Non-Medical Conditions	0
CONTINUING CARE COMMUNITY	No		Note: Reported restrictions denoted by 'I'			TOTALS	125
LIFE CARE FACILITY	No					Total Residents Diagnosed as Mentally Ill	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	117
Nursing Care	135	135	135	135	125	10	135	79	Total Admissions 2010	271
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	263
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	125
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	0
TOTAL BEDS	135	135	135	135	125	10	135	79		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	8932	18.1%	21179	73.4%	92	949	12719	0	43871	89.0%	89.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8932	18.1%	21179	73.4%	92	949	12719	0	43871	89.0%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	11	61	0	0	0	0	0	0	11	61	72
TOTALS	32	93	0	0	0	0	0	0	32	93	125

**WAUCONDA HEALTHCARE CENTER**176 THOMAS COURT  
WAUCONDA, IL. 60084

Reference Numbers Facility ID 6009435

Health Service Area 008 Planning Service Area 097

**RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	58	1	3	33	0	125
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	30	58	1	3	33	0	125

**AVERAGE DAILY PAYMENT RATES**

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	237
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	1	0	0	0	1
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	124	0	0	0	124
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

**STAFFING**

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	5.00
Certified Aides	72.00
Other Health Staff	38.00
Non-Health Staff	0.00
Totals	137.00

**NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)**

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.0%	28.0%	0.1%	3.1%	26.8%	100.0%		0.0%
4,542,071	3,031,696	16,070	334,793	2,897,933	10,822,563	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Wauconda Healthcare & Rehab

Trip to:

**176 Thomas Ct**

Wauconda, IL 60084-2451

9.24 miles / 15 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **slight left** onto **IL-176.** [Map](#)

**8.6 Mi**

*9.1 Mi Total*



3. Turn **right** onto **Thomas Ct.** [Map](#)

**0.1 Mi**

*9.2 Mi Total*



4. **176 THOMAS CT** is on the **left.** [Map](#)



**176 Thomas Ct, Wauconda, IL 60084-2451**

**Total Travel Estimate: 9.24 miles - about 15 minutes**

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WINCHESTER HOUSE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS			
1125 NORTH MILWAUKEE AVENUE			Aggressive/Anti-Social	1	DIAGNOSIS			
LIBERTYVILLE, IL. 60048			Chronic Alcoholism	1	Neoplasms	3		
Reference Numbers	Facility ID	6010052	Developmentally Disabled	1	Endocrine/Metabolic	35		
Health Service Area	008	Planning Service Area	097	Drug Addiction	1	Blood Disorders	1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer	11		
Anne Wagner			Medicare Recipient	0	Alzheimer Disease	41		
			Mental Illness	1	Mental Illness	0		
Contact Person and Telephone			Non-Ambulatory	0	Developmental Disability	0		
ANNE WAGNER			Non-Mobile	0	Circulatory System	49		
847-377-7200		Date	Public Aid Recipient	0	Respiratory System	10		
		Completed	Under 65 Years Old	0	Digestive System	3		
Registered Agent Information		2/28/2011	Unable to Self-Medicate	0	Genitourinary System Disorders	5		
County of Lake			Ventilator Dependent	1	Skin Disorders	3		
18 N. County Street			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	11		
			Other Restrictions	0	Injuries and Poisonings	1		
FACILITY OWNERSHIP			No Restrictions	0	Other Medical Conditions	31		
COUNTY					Non-Medical Conditions	0		
CONTINUING CARE COMMUNITY	No		Note: Reported restrictions denoted by 'I'			TOTALS	204	
LIFE CARE FACILITY	No						Total Residents Diagnosed as Mentally Ill	9

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	216
Nursing Care	360	224	218	218	204	156	360	360	Total Admissions 2010	731
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	743
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	204
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	1
<b>TOTAL BEDS</b>	360	224	218	218	204	156	360	360		

FACILITY UTILIZATION - 2010 BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE												
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.	
Nursing Care	2195	1.7%	54404	41.4%	0	68	9075	0	65742	50.0%	80.4%	
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%	
Sheltered Care					0	0	0	0	0	0.0%	0.0%	
<b>TOTALS</b>	2195	1.7%	54404	41.4%	0	68	9075	0	65742	50.0%	80.4%	

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	1	0	0	0	0	0	0	0	1	0	1	
45 to 59	2	2	0	0	0	0	0	0	2	2	4	
60 to 64	1	2	0	0	0	0	0	0	1	2	3	
65 to 74	5	12	0	0	0	0	0	0	5	12	17	
75 to 84	13	43	0	0	0	0	0	0	13	43	56	
85+	14	109	0	0	0	0	0	0	14	109	123	
<b>TOTALS</b>	36	168	0	0	0	0	0	0	36	168	204	

## WINCHESTER HOUSE

1125 NORTH MILWAUKEE AVENUE  
LIBERTYVILLE, IL. 60048

Reference Numbers Facility ID 6010052

Health Service Area 008 Planning Service Area 097

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	154	0	1	26	0	204
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	23	154	0	1	26	0	204

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	2	0	0	0	2
White	192	0	0	0	192
Race Unknown	0	0	0	0	0
Total	204	0	0	0	204

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	195	0	0	0	195
Ethnicity Unknown	0	0	0	0	0
Total	204	0	0	0	204

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.00
LPN's	9.50
Certified Aides	105.00
Other Health Staff	10.00
Non-Health Staff	44.00
Totals	204.50

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay
24.2%	51.2%	0.0%	5.8%	18.8%
2,727,045	5,780,315	0	656,264	2,121,581

TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
100.0%		0.0%
11,285,205	0	

\*Charity Expense does not include expenses which may be considered a community benefit.





Notes

Winchester House Nursing Home

Trip to:

**1125 N Milwaukee Ave**

Libertyville, IL 60048-1304

21.41 miles / 37 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **east** on **IL-176 / E Terra Cotta Ave** toward **Mistwood Ln.** [Map](#)

**0.5 Mi**

*0.5 Mi Total*



2. Turn **slight left** onto **IL-176.** [Map](#)

**14.4 Mi**

*14.9 Mi Total*



3. Turn **left** onto **Schank Ave.** [Map](#)

**0.1 Mi**

*15.1 Mi Total*



4. **Schank Ave** becomes **IL-83 / Ivanhoe Rd.** [Map](#)

**2.0 Mi**

*17.1 Mi Total*



5. Turn **right** onto **E Peterson Rd / CR-A33.** Continue to follow **E Peterson Rd.** [Map](#)

**3.5 Mi**

*20.6 Mi Total*



6. Turn **right** onto **IL-21 / N Milwaukee Ave.** [Map](#)

**0.8 Mi**

*21.4 Mi Total*



**1125 N Milwaukee Ave, Libertyville, IL 60048-1304**

**Total Travel Estimate: 21.41 miles - about 37 minutes**

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WOODSTOCK RESIDENCE			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
309 MCHENRY AVENUE			Aggressive/Anti-Social	1	DIAGNOSIS	
WOODSTOCK, IL. 60098			Chronic Alcoholism	1	Neoplasms 4	
Reference Numbers Facility ID 6010136			Developmentally Disabled	0	Endocrine/Metabolic 6	
Health Service Area 008 Planning Service Area 111			Drug Addiction	1	Blood Disorders 1	
Administrator			Medicaid Recipient	0	*Nervous System Non Alzheimer 3	
Samuel Biber			Medicare Recipient	0	Alzheimer Disease 9	
Contact Person and Telephone			Mental Illness	0	Mental Illness 2	
SAMUEL BIBER			Non-Ambulatory	0	Developmental Disability 1	
815-338-1700			Non-Mobile	0	Circulatory System 15	
Date Completed			Public Aid Recipient	0	Respiratory System 8	
Registered Agent Information			Under 65 Years Old	0	Digestive System 5	
2/24/2011			Unable to Self-Medicate	0	Genitourinary System Disorders 13	
			Ventilator Dependent	1	Skin Disorders 2	
			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders 4	
			Other Restrictions	0	Injuries and Poisonings 9	
			No Restrictions	0	Other Medical Conditions 2	
FACILITY OWNERSHIP			Note: Reported restrictions denoted by 'I'			Non-Medical Conditions 2
FOR-PROF CORPORATION						TOTALS 86
CONTINUING CARE COMMUNITY No						
LIFE CARE FACILITY No						
			Total Residents Diagnosed as Mentally Ill			2

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS									ADMISSIONS AND DISCHARGES - 2010	
LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2010	77
Nursing Care	115	115	87	115	86	29	29	115	Total Admissions 2010	122
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2010	113
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2010	86
Sheltered Care	0	0	0	0	0	0			<b>Identified Offenders</b>	2
TOTAL BEDS	115	115	87	115	86	29	29	115		

FACILITY UTILIZATION - 2010											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3569	33.7%	20171	48.1%	1675	171	2776	0	28362	67.6%	67.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	3569	33.7%	20171	48.1%	1675	171	2776	0	28362	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2010											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	36	50	0	0	0	0	0	0	36	50	86

## WOODSTOCK RESIDENCE

309 MCHENRY AVENUE  
WOODSTOCK, IL. 60098

Reference Numbers Facility ID 6010136

Health Service Area 008 Planning Service Area 111

## RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	55	0	1	20	0	86
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	10	55	0	1	20	0	86

## AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	180
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

## RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	0	0	0	0	0
Total	86	0	0	0	86

  

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	82	0	0	0	82
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	0	86

## STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	6.50
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	32.50
Totals	75.50

## NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
31.2%	45.5%	2.9%	8.3%	12.1%	100.0%		0.0%
1,230,528	1,793,932	113,791	326,377	477,358	3,941,989	0	

\*Charity Expense does not include expenses which may be considered a community benefit.



Notes

Woodstock Residence

Trip to:

**309 McHenry Ave**

Woodstock, IL 60098-2917

10.42 miles / 18 minutes



**Terra Cotta Rd & Il Route 176, Crystal Lake, IL 60012**



1. Start out going **west** on **IL-176 / E Terra Cotta Ave** toward **Knaack Blvd.** [Map](#)

**2.5 Mi**

*2.5 Mi Total*



2. Turn **right** onto **US-14 W.** [Map](#)

**5.8 Mi**

*8.3 Mi Total*



3. Turn **slight right** onto **S Eastwood Dr / IL-47.** [Map](#)

**2.0 Mi**

*10.3 Mi Total*



4. Turn **right** onto **McHenry Ave / IL-120.** [Map](#)

**0.1 Mi**

*10.4 Mi Total*



5. **309 MCHENRY AVE** is on the **left.** [Map](#)



**309 McHenry Ave, Woodstock, IL 60098-2917**

**Total Travel Estimate: 10.42 miles - about 18 minutes**

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